
Wisconsin Nursing Homes and Residents

2001

December 2002

*Bureau of Health Information
Division of Health Care Financing
Wisconsin Department of Health and Family Services*

Foreword

This report presents key statistical information about Wisconsin nursing homes and their residents.

The source of data for most of the information in this report is the 2001 Annual Survey of Nursing Homes. This survey is conducted annually by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, in cooperation with the Division of Health Care Financing, Bureau of Fee-for-Service Health Care Benefits; the Division of Supportive Living, Bureau of Quality Assurance; and the state's nursing home industry.

The Bureau of Health Information would like to acknowledge and thank the personnel of all Wisconsin nursing homes who provided information about their facilities and residents.

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A copy of the survey instrument used to collect the data presented in this report is included in the Appendix. Copies of this report are available on the Department's Web site at <http://www.dhfs.state.wi.us/provider/index.htm>. Suggestions, comments and requests for additional data may be addressed to:

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Suggested citation:

Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. *Wisconsin Nursing Homes and Residents, 2001* (PHC 5347). December 2002.

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Introduction

All of the information about facilities and most of the information about residents in this report is derived from the 2001 Annual Survey of Nursing Homes conducted by the Wisconsin Department of Health and Family Services. Where appropriate, data from previous surveys are provided for comparison purposes.

The Annual Survey of Nursing Homes utilizes a survey date of December 31; that is, facilities are asked to report many survey items as of that date. For example, in the most recent survey each nursing home reported the number of facility residents and the number of staffed beds as of December 31, 2001. Other data items, such as the number of inpatient days, were reported for all of calendar year 2001.

Beginning with the 2001 data year, information from the Annual Survey of Nursing Homes is summarized in two publications. This report presents data from nursing homes (defined by Wisconsin Administrative Code HFS 132.14 (1)), which include skilled nursing facilities (SNFs), intermediate care facilities (ICFs), and institutions for mental diseases (IMDs). A separate publication presents data from facilities for the developmentally disabled (FDDs) (defined by Wisconsin Administration Code HFS 134.13(13)).

In 2001, there were 411 nursing homes licensed to provide services in Wisconsin under state administrative code HFS 132. As in previous years, this report excludes information from Clearview Sanatorium, Delafield, because this religious facility differs significantly from other nursing homes in the types of care provided. Data on this facility can be found in the *Wisconsin Nursing Home Directory, 2001* (compiled by the Bureau of Health Information, Department of Health and Family Services).

In addition to the facility-based aggregate data on nursing home residents, detailed resident-based data were submitted by 405 Medicare- and/or Medicaid-certified skilled nursing facilities, intermediate care facilities, and institutions for mental diseases. Facilities certified to provide care under the Medicare and/or Medicaid programs have met the Conditions of Participation developed by the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration). The detailed resident-based data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by nursing homes to regularly assess each resident's health care needs and functional status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

Tables 29, 30 and 31 in this report are based on the MDS resident-based data collected from the 405 Medicare- and/or Medicaid-certified nursing homes. The count of nursing home residents at the end of 2001 based on MDS data differed little from the aggregate count of residents taken on December 31. See the Technical Notes (page 45) for a description of how this discrepancy was handled in preparing the data.

Nursing homes in Wisconsin are licensed to accept patients with specific categories of health care needs. Skilled nursing facilities (SNFs) and intermediate care facilities (ICFs) provide primarily medical care to restore individuals to their rehabilitative potential. Institutions for mental diseases (IMDs) serve residents with psychotic and nonpsychotic mental illness.

For reimbursement purposes, residents of nursing homes are classified according to the levels of care and types of services they require. Intense skilled nursing (ISN) care is provided to residents who need complex interventions and monitoring by professional nurses with specialized nursing assessment skills. Skilled nursing (SN) care is provided by, or under the supervision of, registered nurses and requires skill in assessing, observing and supervising the physical, emotional, social and restorative care needs of a patient. Intense skilled and skilled nursing care is provided on a continuous basis under the general direction of a physician.

Intermediate care (ICF-1) is professional, general nursing care needed to maintain the stability of patients with long-term illnesses or disabilities. Limited care (ICF-2) includes simple nursing procedures required to maintain the stability of patients with long-term illnesses or disabilities. Personal care (ICF-3) is limited to assistance, supervision and protection for individuals who need periodic medical services, but not ongoing nursing care. Residential care (ICF-4) is provided to disabled individuals who need social services or activity therapy based on a physician's directive.

Key Findings

- Wisconsin had 411 nursing homes in 2001, including 405 skilled nursing facilities (SNFs), 2 intermediate care facilities (ICFs), and 4 institutions for mental diseases (IMDs).
- Nine nursing homes in Wisconsin closed in 2001: six proprietary homes, and three nonprofit homes. One proprietary facility opened.
- From 1996 to 2001, several measures of Wisconsin nursing home utilization declined. For example:
 - ⇒ The total number of residents on December 31 declined 13 percent, from 43,100 to 37,500.
 - ⇒ Percent occupancy decreased from 90.4 percent to 84.6 percent (5.8 percentage points.)
 - ⇒ The nursing home utilization rate decreased from 59 to 49 per 1,000 for persons aged 65 and over (16 percent), and from 247 to 197 per 1,000 for persons aged 85 and over (20 percent).
- Over the same period, annual admissions increased from 43,564 to 51,741, or 19 percent.
- From 1991 to 2001, the number of licensed beds declined 8 percent, from 48,300 to 44,300. The number of staffed beds decreased 13 percent during this decade, from 47,500 to 41,500.
- The percent of licensed beds that were not staffed increased 350 percent, from 1.6 percent to 7.2 percent.
- Two of the four intermediate care facilities closed in 2001. The number of licensed beds in intermediate care facilities declined by 64 percent (from 134 to 48 beds).
- Between 1991 and 2001, on average, Medicare-certified beds increased at an annual rate of 11 percent.
- In 2001, 76 percent of all licensed SNF beds (33,320 out of 43,995) were Medicare-certified, up from 66 percent in 2000.
- Between 1991 and 2001, the number of beds in special units for Alzheimer's disease increased 58 percent, while the number of nursing home residents with a primary diagnosis of Alzheimer's was up only 37 percent. There were 1.3 nursing home residents with Alzheimer's for every Alzheimer's bed in 2001, down from 1.5 for each bed in 1991.
- The average per diem rate in 2001 for care received by nursing home residents was \$132, an increase of 7 percent from 2000 (\$123). In 2001, the overall rate of inflation was 2.8 percent, as measured by the consumer price index.
- The per diem rate for Family Care, a pay source asked about in the survey for the first time in 2001, was \$108. Family Care is a new program being piloted in nine counties.
- The number of full-time equivalent employees (FTEs) per 100 nursing home residents increased from 100.5 in 2000 to 103.4 in 2001.
- From 2000 to 2001, the turnover rate in facilities of all ownership types decreased for registered nurses, both full-time (from 34 percent to 29 percent) and part-time (from 38 percent to 35 percent).
- In 2001, the percent of full-time registered nurses who had worked at the facility for more than one year increased across all facilities. With the exception of proprietary homes, part-time RNs also had a higher retention rate in 2001.

-
- In skilled nursing facilities, average direct care hours worked each day shift by registered nurses decreased from 33.6 hours per 100 residents in 2000 to 32.7 hours per 100 residents in 2001 (or 3 percent).
 - In 2001, due to an increase in nursing assistants, the number of nursing staff hours per day per resident was up 3 percent, from 3.29 hours to 3.4 hours.
 - Ninety-eight percent of nursing home residents admitted in 2001 required intense skilled nursing or skilled nursing care, compared with 89 percent in 1991.
 - Medicare was the primary pay source for 68 percent of admissions at the skilled nursing level of care, up from 66 percent in 2000. Ninety-three percent of admissions were at this level of care in 2001, compared with 91 percent in 2000.
 - Seventy-nine percent of residents admitted to skilled nursing facilities and intermediate care facilities in 2001 came directly from an acute care hospital, compared to 80 percent the previous year.
 - Nursing home utilization rates declined in 2001 for all age groups except those aged 55 through 64. Nearly half of Wisconsin adults aged 95 and over were residing in a nursing home in 2001.
 - From 1991 to 2001, the nursing home utilization rate for all persons aged 65 and over declined 18 percent, from 61 to 49 per 1,000 population. For those aged 85 and over, the utilization rate declined 26 percent, from 268 to 197 per 1,000 population.
 - On December 31, 2001, 36 percent of SNF and ICF residents had been in the nursing home less than one year (unchanged from the previous year). Sixteen percent had been there less than 100 days.
 - In 2001, 48 percent of SNF/ICF residents with Medicaid had been eligible at time of admission. This percent has remained unchanged since 1999.
 - Twenty-three percent of SNF/ICF residents with Medicaid became eligible from 31 days to one year after admission, and 14 percent became eligible more than one year after admission.
 - On December 31, 2001, 5 percent of all Wisconsin nursing home residents were being physically restrained, compared with 7 percent in 2000.
 - The percent of nursing homes which reported having *no* physically restrained residents on December 31 increased from 3 percent in 1995 to 25 percent in 2001.
 - Sixteen percent of nursing home residents were independent in all four Activities of Daily Living (ADLs) in 2001, compared to 18 percent in 2000 and 19 percent in 1999.
 - Thirty-four percent of residents were continent of both bladder and bowel in 2001, compared to 35 percent in 2000 and 38 percent in 1999.

Table 1. Selected Measures of Nursing Home Utilization, Wisconsin 1996-2001

| Utilization Measure | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|------------------------------|------------|------------|------------|------------|------------|------------|
| As of December 31: | | | | | | |
| Number of Nursing Homes | 421 | 428 | 425 | 424 | 419 | 411 |
| Licensed Beds | 48,112 | 48,016 | 47,780 | 47,296 | 45,978 | 44,319 |
| Beds Set Up and Staffed | 47,195 | 46,835 | 46,239 | 44,920 | 42,883 | 41,471 |
| Percent of Beds Not Staffed | 1.9 | 2.5 | 3.2 | 5.0 | 6.7 | 7.2 |
| Total Residents | 43,079 | 42,042 | 40,625 | 39,719 | 38,381 | 37,506 |
| Residents Age 65 and Over | | | | | | |
| Number | 40,159 | 39,132 | 37,764 | 36,864 | 35,643 | 34,728 |
| Percent | 93.2 | 93.1 | 93.0 | 92.8 | 92.9 | 92.6 |
| Rate per 1,000 Population* | 58.6 | 56.8 | 54.3 | 52.9 | 50.7 | 48.9 |
| Residents Age 85 and Over | | | | | | |
| Number | 21,450 | 20,856 | 20,281 | 19,725 | 19,236 | 19,037 |
| Percent | 49.8 | 49.6 | 49.9 | 49.7 | 50.1 | 50.8 |
| Rate per 1,000 Population* | 247.3 | 234.5 | 216.4 | 206.6 | 201.2 | 197.0 |
| Medicaid Residents (Percent) | 66.7 | 67.2 | 67.7 | 66.8 | 66.8 | 66.7 |
| Calendar Year: | | | | | | |
| Inpatient Days | 15,902,665 | 15,485,202 | 15,016,447 | 14,596,115 | 14,186,112 | 13,798,119 |
| Percent Change | -1.4 | -2.6 | -3.0 | -2.8 | -2.8 | -2.7 |
| Average Daily Census | 43,495 | 42,530 | 41,257 | 40,004 | 38,852 | 37,816 |
| Percent Occupancy** | 90.4 | 88.6 | 86.3 | 84.6 | 84.5 | 84.6 |
| Total Admissions | 43,564 | 49,143 | 51,277 | 51,186 | 51,277 | 51,741 |
| Total Discharges and Deaths | 44,143 | 50,067 | 52,462 | 51,984 | 51,947 | 52,101 |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

* The rate is the number of nursing home residents per 1,000 population in this age group.

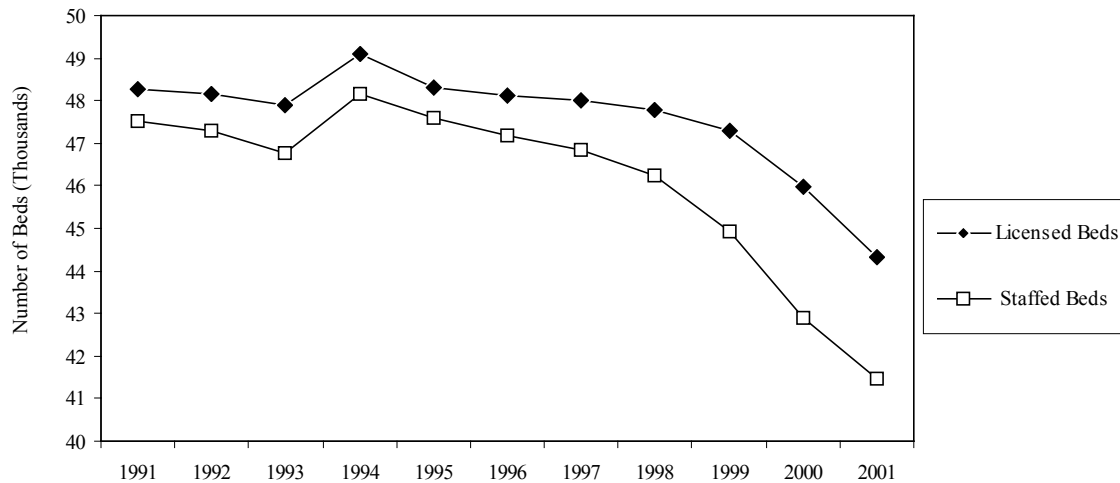
** Percent occupancy equals average daily census divided by licensed beds, multiplied by 100.

Notes: Throughout this report, **nursing homes** are defined to include skilled nursing facilities, intermediate care facilities, and institutions for mental diseases (see HFS 132.14 (1)).

The Annual Survey of Nursing Homes asks facilities to report many data items as of December 31 of the survey year. Other items are based on the entire calendar year.

- From 1996 to 2001, the following measures of Wisconsin nursing home utilization declined.
 - ⇒ Staffed beds declined from 47,200 to 41,500, a decrease of 12 percent.
 - ⇒ Licensed beds declined 8 percent, from 48,110 to 44,320.
 - ⇒ The percent of nursing home beds that were vacant (licensed but not staffed) reached 7.2 percent in 2001.
 - ⇒ The total number of residents on December 31 declined 13 percent, from 43,100 to 37,500.
 - ⇒ The number of inpatient days also declined 13 percent, from 15.9 million to 13.8 million.
 - ⇒ Percent occupancy decreased from 90.4 percent to 84.6 percent (5.8 percentage points.)
 - ⇒ The nursing home utilization rate decreased from 59 to 49 per 1,000 for persons aged 65 and over (16 percent), and from 247 to 197 per 1,000 for persons aged 85 and over (20 percent).
- Over the same period, annual admissions increased from 43,564 to 51,741, or 19 percent.

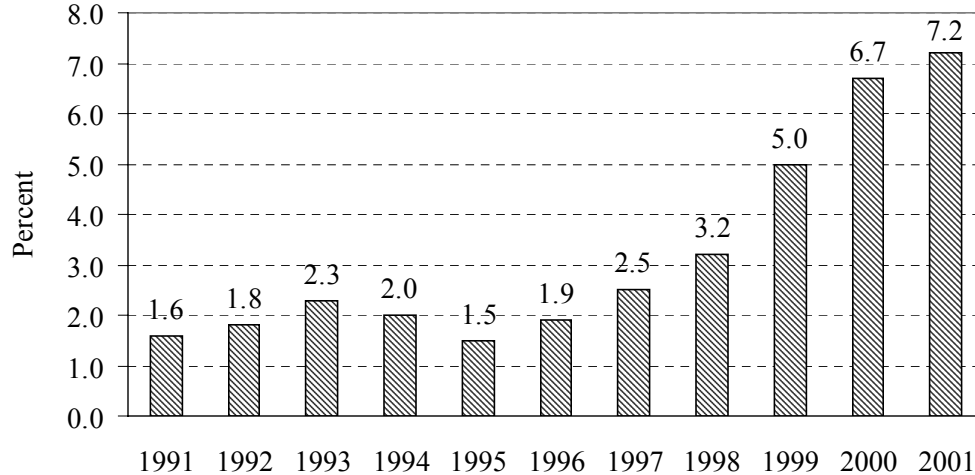
Figure 1. Number of Nursing Home Licensed Beds and Staffed Beds, Wisconsin 1991-2001



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Licensed beds means beds that are licensed, regardless of whether they are available for occupancy. Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

Figure 2. Percent of Nursing Home Licensed Beds Not Staffed, Wisconsin 1991-2001



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- From 1991 to 2001, the number of licensed beds declined 8 percent, from 48,300 to 44,300. The number of staffed beds decreased 13 percent during this decade, from 47,500 to 41,500.
- The percent of licensed beds that were not staffed increased 350 percent, from 1.6 percent to 7.2 percent.

Table 2. Nursing Home Capacity by Licensure Category, Facility Ownership and Bed Size, Wisconsin 2001

| Selected Facility Characteristics | Facilities | | Licensed Beds | | Percent of Beds Not Staffed | Percent Occupancy |
|-----------------------------------|------------|---------|---------------|---------|-----------------------------|-------------------|
| | Number | Percent | Number | Percent | | |
| State Total | 411 | 100% | 44,319 | 100% | 7.2% | 84.6% |
| Licensure Category | | | | | | |
| Skilled Nursing Facilities | 405 | 99 | 43,995 | 99 | 7.2 | 84.6 |
| Intermediate Care Facilities | 2 | <1 | 48 | <1 | 4.2 | 91.7 |
| Institutions for Mental Diseases | 4 | 1 | 276 | 1 | 7.2 | 86.0 |
| Facility Ownership | | | | | | |
| Governmental | 60 | 15 | 8,543 | 19 | 9.0 | 85.1 |
| Nonprofit | 155 | 38 | 15,606 | 35 | 4.0 | 89.5 |
| Proprietary | 196 | 48 | 20,170 | 46 | 8.9 | 80.7 |
| Bed Size | | | | | | |
| Less than 50 beds | 42 | 10 | 1,348 | 3 | 3.1 | 82.6 |
| 50-99 beds | 186 | 45 | 13,839 | 31 | 5.0 | 86.1 |
| 100-199 beds | 144 | 35 | 18,782 | 42 | 7.4 | 84.4 |
| 200 beds and over | 39 | 9% | 10,350 | 23% | 10.1% | 83.3% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 1). Due to bed reductions at nursing homes during 2001, occupancy rates (percent of beds not staffed and percent of occupancy) were calculated using the average number of licensed beds rather than the number of licensed beds on December 31.

- Nine nursing homes in Wisconsin closed in 2001: six proprietary homes, and three nonprofit homes. One proprietary facility opened.
- Compared with 2000, the number of licensed beds decreased 3 percent for governmental homes, 5 percent for nonprofit homes, and 3 percent for proprietary homes.
- Seven of the nine nursing homes that closed had a bed size of less than 100.
- Two of the four intermediate care facilities closed in 2001. The number of licensed beds in intermediate care facilities declined by 64 percent (from 134 to 48 beds).
- The number of licensed beds in the four institutions for mental diseases declined by 11 percent, after decreasing 8 percent in 2000.
- The overall occupancy rate for Wisconsin nursing homes remained at approximately 85 percent in 2001.

Nursing Home Characteristics

Table 3. Nursing Home Capacity by County, Wisconsin 2001

| County of Location | Facilities on 12/31/01 | Licensed Beds on 12/31/01 | Staffed Beds on 12/31/01 | Total Inpatient Days | Residents on 12/31/01 | Average Daily Census | Percent Occupancy |
|--------------------|------------------------|---------------------------|--------------------------|----------------------|-----------------------|----------------------|-------------------|
| State Total | 411 | 44,319 | 41,471 | 13,798,119 | 37,506 | 37,816 | 84.6% |
| Adams | 2 | 117 | 117 | 37,927 | 99 | 104 | 84.7 |
| Ashland | 3 | 310 | 253 | 82,310 | 219 | 225 | 72.5 |
| Barron | 8 | 537 | 529 | 174,495 | 491 | 478 | 88.9 |
| Bayfield | 1 | 75 | 75 | 25,745 | 68 | 71 | 94.7 |
| Brown | 14 | 1,419 | 1,358 | 432,550 | 1,154 | 1,184 | 83.2 |
| Buffalo | 2 | 163 | 150 | 49,503 | 129 | 136 | 83.2 |
| Burnett | 2 | 147 | 147 | 50,712 | 141 | 139 | 94.6 |
| Calumet | 3 | 248 | 227 | 71,377 | 200 | 196 | 78.3 |
| Chippewa | 7 | 759 | 681 | 243,173 | 663 | 667 | 87.6 |
| Clark | 4 | 477 | 453 | 149,780 | 415 | 410 | 85.7 |
| Columbia | 5 | 536 | 509 | 173,659 | 463 | 476 | 88.6 |
| Crawford | 2 | 164 | 157 | 50,450 | 139 | 138 | 83.7 |
| Dane | 21 | 2,038 | 1,921 | 640,854 | 1,696 | 1,755 | 85.7 |
| Dodge | 10 | 1,162 | 1,092 | 361,380 | 982 | 989 | 85.5 |
| Door | 3 | 234 | 198 | 70,779 | 193 | 194 | 82.4 |
| Douglas | 4 | 481 | 443 | 144,446 | 412 | 396 | 82.2 |
| Dunn | 3 | 296 | 267 | 90,447 | 241 | 247 | 82.1 |
| Eau Claire | 7 | 724 | 672 | 223,911 | 617 | 614 | 83.7 |
| Florence | 1 | 74 | 74 | 24,546 | 61 | 67 | 90.5 |
| Fond du Lac | 10 | 1,006 | 956 | 303,322 | 804 | 831 | 82.4 |
| Forest | 2 | 143 | 143 | 49,884 | 139 | 136 | 95.1 |
| Grant | 9 | 659 | 636 | 212,437 | 581 | 583 | 88.3 |
| Green | 3 | 328 | 302 | 99,979 | 273 | 274 | 83.1 |
| Green Lake | 3 | 233 | 214 | 70,692 | 201 | 194 | 82.7 |
| Iowa | 3 | 192 | 188 | 55,814 | 146 | 153 | 79.7 |
| Iron | 2 | 106 | 106 | 38,096 | 104 | 105 | 99.1 |
| Jackson | 2 | 221 | 191 | 63,268 | 159 | 173 | 77.7 |
| Jefferson | 4 | 422 | 352 | 116,061 | 315 | 319 | 75.2 |
| Juneau | 3 | 200 | 200 | 69,418 | 192 | 191 | 95.5 |
| Kenosha | 9 | 1,135 | 1,045 | 333,356 | 901 | 914 | 80.0 |
| Kewaunee | 2 | 148 | 123 | 39,801 | 103 | 110 | 73.8 |
| La Crosse | 8 | 1,062 | 969 | 326,484 | 893 | 895 | 83.3 |
| Lafayette | 1 | 100 | 97 | 31,071 | 80 | 85 | 84.6 |
| Langlade | 1 | 173 | 161 | 58,043 | 157 | 159 | 92.4 |
| Lincoln | 3 | 349 | 322 | 105,147 | 295 | 289 | 82.8 |
| Manitowoc | 6 | 873 | 832 | 289,517 | 798 | 794 | 88.8 |
| Marathon | 6 | 860 | 814 | 284,597 | 776 | 780 | 90.3 |
| Marinette | 6 | 640 | 614 | 200,943 | 555 | 550 | 85.9 |
| Marquette | 1 | 46 | 46 | 14,553 | 45 | 40 | 85.3 |
| Milwaukee | 53 | 7,428 | 6,916 | 2,267,782 | 6,092 | 6,214 | 82.6 |
| Monroe | 4 | 357 | 336 | 115,829 | 324 | 318 | 88.5% |

(Continued)

Nursing Home Characteristics

Table 3. Nursing Home Capacity by County, Wisconsin 2001 (Continued)

| County of Location | Facilities on 12/31/01 | Licensed Beds on 12/31/01 | Staffed Beds on 12/31/01 | Total Inpatient Days | Residents on 12/31/01 | Average Daily Census | Percent Occupancy |
|--------------------|------------------------|---------------------------|--------------------------|----------------------|-----------------------|----------------------|-------------------|
| Oconto | 3 | 219 | 215 | 68,879 | 201 | 193 | 88.1% |
| Oneida | 3 | 316 | 310 | 102,654 | 287 | 281 | 88.8 |
| Outagamie | 10 | 1,057 | 1,021 | 345,187 | 971 | 946 | 89.3 |
| Ozaukee | 4 | 526 | 458 | 162,579 | 445 | 446 | 84.6 |
| Pepin | 2 | 108 | 108 | 37,429 | 107 | 102 | 86.3 |
| Pierce | 5 | 332 | 302 | 95,008 | 266 | 261 | 78.4 |
| Polk | 6 | 475 | 445 | 151,636 | 403 | 415 | 87.0 |
| Portage | 2 | 309 | 303 | 84,237 | 230 | 230 | 74.4 |
| Price | 2 | 252 | 229 | 74,460 | 195 | 204 | 81.0 |
| Racine | 7 | 1,031 | 990 | 340,293 | 911 | 932 | 90.4 |
| Richland | 2 | 145 | 136 | 47,965 | 133 | 132 | 90.9 |
| Rock | 9 | 1,072 | 904 | 315,457 | 834 | 864 | 79.5 |
| Rusk | 2 | 161 | 154 | 51,823 | 140 | 142 | 88.5 |
| St. Croix | 9 | 688 | 632 | 198,409 | 545 | 544 | 78.8 |
| Sauk | 6 | 489 | 444 | 152,234 | 431 | 417 | 83.3 |
| Sawyer | 2 | 136 | 136 | 45,275 | 127 | 124 | 91.2 |
| Shawano | 5 | 504 | 460 | 150,834 | 396 | 415 | 82.1 |
| Sheboygan | 12 | 1,237 | 1,099 | 367,761 | 983 | 1,008 | 80.2 |
| Taylor | 3 | 253 | 223 | 71,912 | 205 | 197 | 77.8 |
| Trempealeau | 9 | 558 | 539 | 189,251 | 512 | 519 | 92.9 |
| Vernon | 4 | 362 | 349 | 110,995 | 309 | 304 | 83.7 |
| Vilas | 2 | 174 | 149 | 42,854 | 116 | 118 | 67.2 |
| Walworth | 8 | 680 | 666 | 218,820 | 596 | 599 | 85.3 |
| Washburn | 2 | 160 | 160 | 55,933 | 148 | 153 | 95.6 |
| Washington | 5 | 782 | 758 | 249,807 | 665 | 684 | 80.6 |
| Waukesha | 17 | 2,248 | 2,096 | 708,147 | 1,929 | 1,939 | 86.2 |
| Waupaca | 10 | 1,457 | 1,429 | 494,445 | 1,375 | 1,354 | 92.9 |
| Waushara | 1 | 78 | 78 | 23,261 | 66 | 64 | 82.1 |
| Winnebago | 10 | 1,154 | 1,101 | 378,209 | 1,048 | 1,037 | 89.8 |
| Wood | 6 | 714 | 691 | 218,227 | 616 | 599 | 83.7% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The number of residents was based on the county of residence prior to entering the nursing home.
Average daily census is the number of residents on an average day during the year.
Percent occupancy is the average percent of licensed beds occupied during the year.
Menominee County is not listed because there are no nursing homes in that county.

- Statewide, staffed beds on December 31 declined 3 percent in 2001. Staffed beds in Milwaukee County decreased 6 percent, after a 10 percent decline in 2000.
- In Rock County, staffed beds declined 11 percent, total inpatient days dropped 10 percent, and the average occupancy rate dipped below 80 percent.
- Vilas County had the lowest occupancy rate (67.2 percent) in Wisconsin, while Iron County had the highest (99.1 percent).

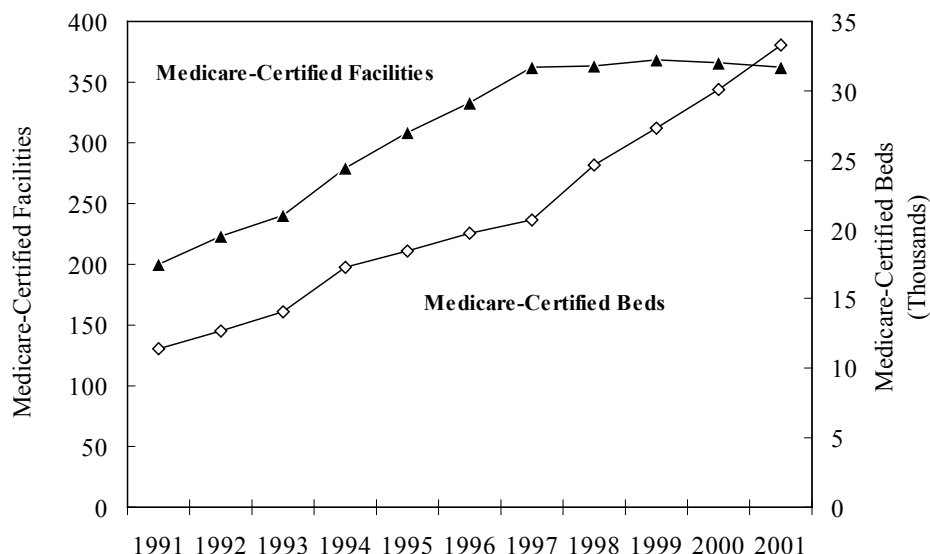
Nursing Home Characteristics

Table 4. Number of Medicaid- and Medicare-Certified Nursing Homes and Beds, Wisconsin 1991-2001

| Year | Medicaid-Certified Facilities | | Medicare-Certified Facilities | | Medicare-Certified Beds | |
|------|-------------------------------|---------|-------------------------------|---------|-------------------------|---------|
| | Number | Percent | Number | Percent | Number | Percent |
| 1991 | 396 | 96% | 200 | 48% | 11,374 | 24% |
| 1992 | 393 | 96 | 223 | 55 | 12,710 | 26 |
| 1993 | 390 | 97 | 240 | 60 | 14,132 | 30 |
| 1994 | 402 | 97 | 279 | 67 | 17,236 | 35 |
| 1995 | 402 | 96 | 309 | 74 | 18,412 | 38 |
| 1996 | 403 | 96 | 333 | 79 | 19,761 | 41 |
| 1997 | 403 | 94 | 362 | 85 | 20,716 | 43 |
| 1998 | 403 | 95 | 363 | 85 | 24,677 | 52 |
| 1999 | 404 | 95 | 368 | 87 | 27,320 | 58 |
| 2000 | 400 | 95 | 366 | 87 | 30,079 | 66 |
| 2001 | 393 | 96% | 362 | 88% | 33,320 | 76% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Figure 3. Number of Medicare-Certified Facilities and Beds, Wisconsin 1991-2001



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: A Medicare-certified facility may have all or only some of its beds certified for Medicare patients. On the annual survey, each Medicare-certified facility reports the number of its beds that are Medicare-certified.

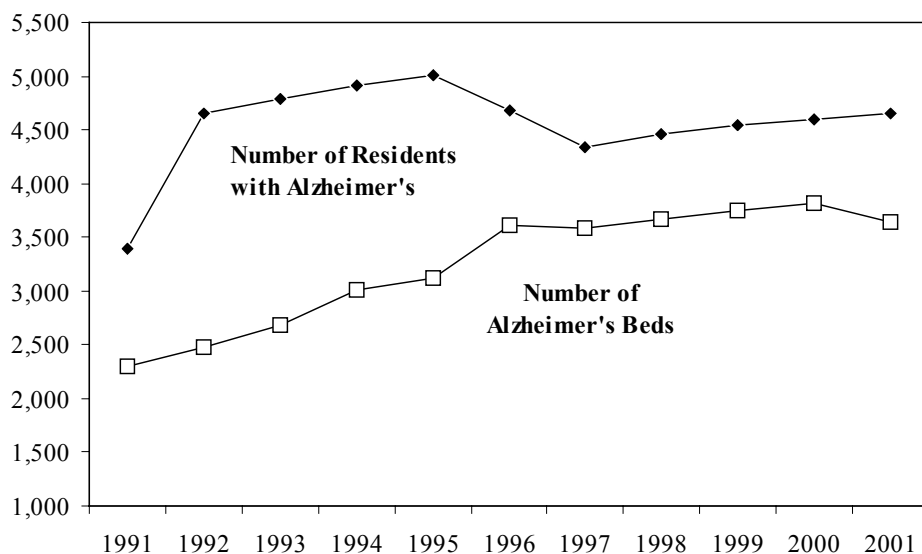
- Between 1991 and 2001, on average, Medicare-certified beds increased at an annual rate of 11 percent.
- Medicare-certified beds increased 11 percent in 2001 even though the number of Medicare-certified facilities declined by four (1 percent).
- In 2001, 76 percent of all licensed skilled-care beds (33,320 out of 43,995) were Medicare-certified, up from 66 percent in 2000.
- Between 1997 and 2001, the number of Medicare-certified facilities remained relatively stable, while the number of Medicare-certified beds increased by 61 percent.

Table 5. Skilled Nursing Facilities with Special Units for Alzheimer's Disease, Wisconsin 1991-2001

| Year | Number of Facilities | Percent of Facilities | Number of Alzheimer's Beds | Total Residents With Alzheimer's |
|------|----------------------|-----------------------|----------------------------|----------------------------------|
| 1991 | 66 | 17% | 2,305 | 3,394 |
| 1992 | 71 | 18 | 2,477 | 4,654 |
| 1993 | 75 | 17 | 2,678 | 4,782 |
| 1994 | 86 | 21 | 3,009 | 4,914 |
| 1995 | 91 | 22 | 3,123 | 5,004 |
| 1996 | 108 | 26 | 3,607 | 4,686 |
| 1997 | 111 | 26 | 3,590 | 4,336 |
| 1998 | 118 | 28 | 3,663 | 4,454 |
| 1999 | 124 | 30 | 3,756 | 4,547 |
| 2000 | 133 | 32 | 3,821 | 4,595 |
| 2001 | 126 | 31% | 3,633 | 4,649 |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Figure 4. Number of Alzheimer's Beds and Nursing Home Residents with Alzheimer's, Wisconsin 1991-2001



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- In 2001, the number of SNFs with self-designated special units for Alzheimer's disease decreased for the first time since 1991 (by seven facilities or 5 percent). The number of beds in these units also decreased 5 percent, while nursing home residents with Alzheimer's increased 1 percent.
- Between 1991 and 2001, the number of beds in special units for Alzheimer's disease increased 58 percent, while the number of nursing home residents with a primary diagnosis of Alzheimer's was up only 37 percent. There were 1.3 nursing home residents with Alzheimer's for every Alzheimer's bed in 2001, down from 1.5 for each bed in 1991.

Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 2001

| County of Location | Medicare-Certified Facilities | Medicare-Certified Beds | Alzheimer's Units | Alzheimer's Beds |
|--------------------|-------------------------------|-------------------------|-------------------|------------------|
| State Total | 362 | 33,320 | 126 | 3,633 |
| Adams | 1 | 99 | 0 | 0 |
| Ashland | 2 | 213 | 1 | 49 |
| Barron | 4 | 287 | 3 | 60 |
| Bayfield | 1 | 75 | 0 | 0 |
| Brown | 13 | 803 | 4 | 107 |
| Buffalo | 2 | 150 | 0 | 0 |
| Burnett | 2 | 147 | 1 | 24 |
| Calumet | 3 | 161 | 1 | 12 |
| Chippewa | 5 | 503 | 2 | 114 |
| Clark | 4 | 358 | 2 | 69 |
| Columbia | 5 | 536 | 3 | 65 |
| Crawford | 2 | 157 | 0 | 0 |
| Dane | 20 | 1,679 | 5 | 110 |
| Dodge | 10 | 1,061 | 1 | 43 |
| Door | 3 | 198 | 2 | 36 |
| Douglas | 4 | 245 | 2 | 81 |
| Dunn | 2 | 116 | 2 | 32 |
| Eau Claire | 7 | 565 | 4 | 79 |
| Florence | 1 | 74 | 0 | 0 |
| Fond du Lac | 9 | 632 | 6 | 141 |
| Forest | 2 | 143 | 2 | 39 |
| Grant | 9 | 565 | 4 | 66 |
| Green | 3 | 303 | 2 | 40 |
| Green Lake | 3 | 227 | 1 | 12 |
| Iowa | 3 | 192 | 1 | 26 |
| Iron | 1 | 40 | 0 | 0 |
| Jackson | 2 | 141 | 1 | 28 |
| Jefferson | 4 | 283 | 0 | 0 |
| Juneau | 3 | 200 | 2 | 28 |
| Kenosha | 9 | 911 | 1 | 24 |
| Kewaunee | 2 | 128 | 1 | 12 |
| La Crosse | 7 | 666 | 3 | 121 |
| Lafayette | 1 | 100 | 1 | 8 |
| Langlade | 1 | 161 | 0 | 0 |
| Lincoln | 3 | 322 | 0 | 0 |
| Manitowoc | 5 | 518 | 3 | 135 |
| Marathon | 6 | 792 | 1 | 58 |
| Marinette | 6 | 533 | 4 | 67 |
| Marquette | 1 | 46 | 0 | 0 |
| Milwaukee | 48 | 6,160 | 15 | 574 |
| Monroe | 4 | 357 | 1 | 23 |

(Continued)

Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 2001

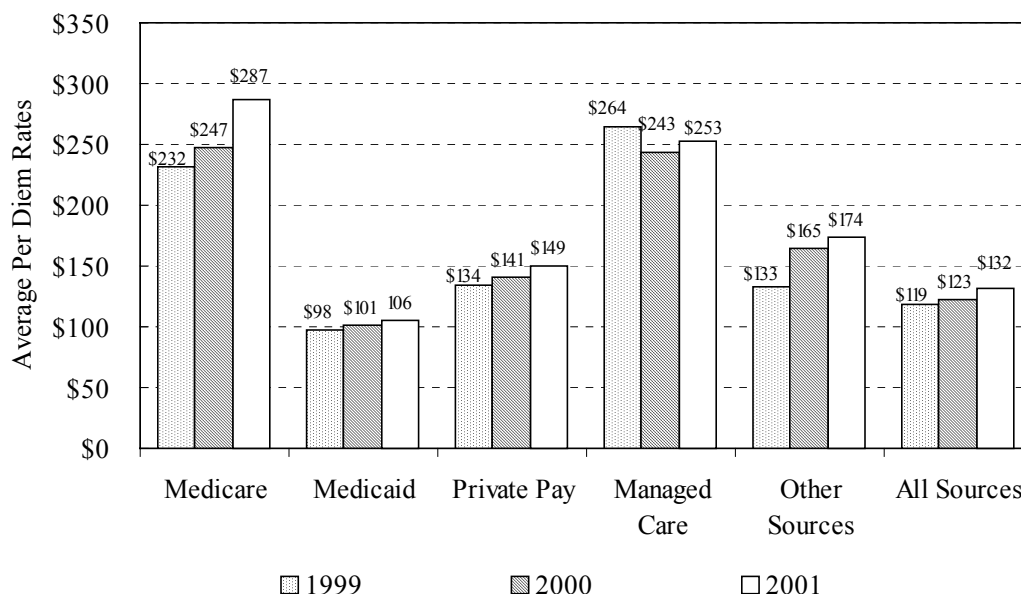
| County of Location | Medicare-Certified Facilities | Medicare-Certified Beds | Alzheimer's Units | Alzheimer's Beds |
|--------------------|-------------------------------|-------------------------|-------------------|------------------|
| Oconto | 3 | 219 | 1 | 16 |
| Oneida | 2 | 74 | 2 | 56 |
| Outagamie | 9 | 932 | 3 | 82 |
| Ozaukee | 4 | 378 | 1 | 34 |
| Pepin | 2 | 108 | 0 | 0 |
| Pierce | 5 | 274 | 2 | 34 |
| Polk | 3 | 277 | 1 | 17 |
| Portage | 2 | 198 | 0 | 0 |
| Price | 2 | 99 | 1 | 30 |
| Racine | 6 | 852 | 3 | 161 |
| Richland | 1 | 23 | 1 | 11 |
| Rock | 9 | 662 | 3 | 86 |
| Rusk | 2 | 161 | 0 | 0 |
| St. Croix | 9 | 655 | 1 | 10 |
| Sauk | 4 | 350 | 1 | 24 |
| Sawyer | 2 | 136 | 0 | 0 |
| Shawano | 4 | 315 | 3 | 41 |
| Sheboygan | 8 | 532 | 2 | 58 |
| Taylor | 2 | 196 | 0 | 0 |
| Trempealeau | 4 | 282 | 1 | 24 |
| Vernon | 4 | 362 | 1 | 20 |
| Vilas | 1 | 81 | 1 | 24 |
| Walworth | 7 | 474 | 1 | 57 |
| Washburn | 1 | 70 | 0 | 0 |
| Washington | 5 | 704 | 2 | 108 |
| Waukesha | 15 | 1,982 | 4 | 134 |
| Waupaca | 8 | 605 | 3 | 122 |
| Waushara | 1 | 78 | 1 | 24 |
| Winnebago | 9 | 799 | 3 | 75 |
| Wood | 5 | 595 | 2 | 102 |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: This table shows two aspects of specialized capacity among skilled nursing facilities: (1) facilities that are certified to provide Medicare-reimbursed care, and the number of beds for which they are certified to provide this care; and (2) facilities with self-designated special Alzheimer's units, and the number of beds in those units. Menominee County is not listed because there are no nursing homes in that county.

- In 2001, five counties had a growth rate ranging from 74 percent to 183 percent in the number of Medicare-certified beds: Door, Chippewa, Florence, Burnett, and Portage.
- Three counties had a decline of between 10 percent and 11 percent in the number of Medicare-certified beds: Waushara, La Crosse, and Washington.
- Milwaukee had a 25 percent decline in the number of Alzheimer's beds compared with the previous year (from 761 beds to 574 beds). The number of Medicare-certified homes in the county also decreased, from 52 to 48 (8 percent).

Figure 5. Nursing Home Average Per Diem Rates by Primary Pay Source, Wisconsin, December 31, 1999 - 2001



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: "Other Sources" includes mostly residents whose pay source was the Department of Veterans Affairs. Beginning in 2001, a Family Care per diem rate has been added to the survey (see Table 7), but that pay source has been excluded from this figure. See Technical Notes (Page 47) for a definition of the Family Care program.

- The average per diem rate in 2001 for care received by nursing home residents was \$132, an increase of 7 percent from 2000 (\$123). In 2001, the overall rate of inflation was 2.8 percent, as measured by the consumer price index.
- The average per diem rate for Medicare increased 16.3 percent in 2001, from \$247 to \$287.
- The Medicaid per diem rate was up 4.5 percent in 2001, from \$101 to \$106.
- The private pay per diem rate increased 6.0 percent in 2001, from \$141 to \$149.
- The managed care per diem rate increased 4.0 percent in 2001, from \$243 to \$253.
- The per diem rate for other pay sources was up 5.2 percent in 2001, from \$165 to \$174.

Table 7. Nursing Home Average Per Diem Rates by Care Level and Primary Pay Source, Wisconsin, December 31, 2001

| Level of Care | Average Per Diem Rate (in Dollars) | | | | | | All Sources |
|-----------------------------------|------------------------------------|----------|-------------|-------------|--------------|---------------|-------------|
| | Medicare | Medicaid | Private Pay | Family Care | Managed Care | Other Sources | |
| Intense Skilled Nursing | \$297 | \$125 | \$163 | \$133* | \$333* | \$138* | \$171 |
| Skilled Nursing | 286 | 106 | 150 | 108 | 244 | 173 | 133 |
| Intermediate | N/A | 90 | 138 | 87* | 172* | 200* | 101 |
| Limited | N/A | 91 | 128 | 0 | 0 | 0 | 110 |
| Personal | N/A | 0 | 97* | 0 | 0 | 0 | 97* |
| Residential | N/A | 0 | 78* | 0 | 0 | 0 | 78* |
| Traumatic Brain Injury | 0 | 546* | 750* | 0 | 625* | 0 | 567 |
| Ventilator-Dependent | 0 | 334* | 0 | 0 | 0 | 0 | 334* |
| Developmental Disabilities (DD1A) | N/A | 149 | 0 | 0 | 0 | 0 | 149 |
| Developmental Disabilities (DD1B) | N/A | 166* | 0 | 0 | 0 | 0 | 166* |
| Developmental Disabilities (DD2) | N/A | 142* | 0 | 0 | 0 | 0 | 142* |
| Developmental Disabilities (DD3) | N/A | 127* | 0 | 0 | 0 | 0 | 127* |
| All Levels | \$287 | \$106 | \$149 | \$108 | \$253 | \$174 | \$132 |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Rates shown in this table are the average daily rate for each pay source and level of care category weighted by the number of residents receiving care at a particular rate.

An "N/A" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

A "*" indicates that the per diem rate for that category was calculated based on rates for less than 30 residents (rates for those few residents may not be representative of typical rates).

"Other Sources" includes mostly residents whose pay source was the Department of Veterans Affairs.

See Technical Notes (page 46) for definitions of all level of care categories shown in this table.

- Managed care had the highest average per diem rate for intense skilled nursing care (\$333); this rate increased 11 percent in 2001.
- Medicare had the highest average per diem rate for skilled nursing care (\$286); this was a 16 percent increase from the 2000 rate.
- The per diem rate for Family Care, a pay source asked about in the survey for the first time in 2001, was \$108. See Technical Notes (page 47) for a definition of this program.
- Medicare had the highest average per diem rate for all levels of care. For all levels of care combined, the Medicare rate was 171 percent higher than the Medicaid rate, 92 percent higher than the private pay rate, 165 percent higher than the Family Care rate, 13 percent higher than the managed care rate, and 65 percent higher than the rate for other sources.

Nursing Home Characteristics

Table 8. Number of Nursing Homes Providing Services to People Not Residing in the Facility, 1996-2001, Wisconsin

| Type of Service | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|-------------------------|------|------|------|------|------|------|
| Home Health Care | 11 | 15 | 10 | 9 | 7 | 9 |
| Supportive Home Care | 27 | 25 | 24 | 20 | 25 | 16 |
| Personal care | 15 | 12 | 13 | 12 | 14 | 13 |
| Household services | 12 | 13 | 11 | 8 | 11 | 13 |
| Day Services | 18 | 18 | 20 | 25 | 29 | 25 |
| In community setting | 4 | 4 | 4 | 3 | 1 | 2 |
| In nursing home setting | 14 | 14 | 17 | 22 | 28 | 23 |
| Respite Care | 130 | 133 | 137 | 163 | 158 | 149 |
| In patient's home | 3 | 3 | 4 | 2 | 4 | 3 |
| In nursing home setting | 129 | 133 | 135 | 163 | 157 | 149 |
| Adult Day Care | 75 | 77 | 85 | 82 | 81 | 77 |
| In community setting | 9 | 9 | 11 | 9 | 12 | 12 |
| In nursing home setting | 67 | 70 | 77 | 75 | 71 | 66 |
| Adult Day Health Care | 11 | 12 | 15 | 15 | 11 | 14 |
| Congregate Meals | 49 | 46 | 45 | 49 | 50 | 51 |
| In community setting | 35 | 35 | 32 | 32 | 33 | 37 |
| In nursing home setting | 16 | 13 | 14 | 18 | 18 | 17 |
| Home-Delivered Meals | 66 | 65 | 59 | 61 | 59 | 58 |
| Other Meal Services | 34 | 40 | 43 | 41 | 39 | 34 |
| Referral Service | 43 | 37 | 35 | 39 | 35 | 35 |
| Transportation | 26 | 29 | 29 | 31 | 26 | 34 |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Services listed in this table are defined in the Technical Notes (page 47).
Nursing homes may offer specific services in more than one setting.

- In 2001, the number of nursing homes providing respite care declined 6 percent from the previous year, from 158 homes to 149 homes.
- The number of homes providing supportive home care declined 36 percent, from 25 homes to 16 homes, during the same period.
- The number of nursing homes offering day services to non-residents in the nursing home setting increased overall between 1996 and 2001, but decreased from 2000 to 2001.

Table 9. Family Council Meetings by Nursing Home Ownership Category, Wisconsin 2001

| Frequency of Meeting | Ownership Category | | | | | | All Homes | |
|------------------------|--------------------|---------|-----------|---------|-------------|---------|-----------|---------|
| | Governmental | | Nonprofit | | Proprietary | | | |
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| No Family Council | 39 | 65% | 94 | 61% | 98 | 50% | 231 | 56% |
| | | | | | | | | |
| Family Council, meets: | 21 | 35 | 61 | 39 | 99 | 50 | 180 | 44 |
| As often as needed | 3 | 5 | 10 | 6 | 9 | 5 | 22 | 5 |
| Less than quarterly | 5 | 8 | 4 | 3 | 9 | 5 | 18 | 4 |
| Once in three months | 3 | 5 | 16 | 10 | 41 | 21 | 60 | 15 |
| Once a month | 8 | 13 | 22 | 14 | 31 | 16 | 61 | 15 |
| Once a week | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 2 | 3 | 9 | 6 | 8 | 4 | 19 | 5 |
| Total | 60 | 100% | 155 | 100% | 196 | 100% | 411 | 100% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Federal regulations require that, if nursing home residents and their families wish to organize a resident/family group, the facility must allow them to do so without interference, and must provide the group with space, privacy for meetings, and staff support. The purpose of these meetings is to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment and quality of life. This group is referred to as a "Family Council." Percentages may not add to 100 percent due to rounding.

- Fifty percent of proprietary facilities had a Family Council in 2001, compared with 39 percent of nonprofit homes and 35 percent of governmental facilities.
- Of the 180 facilities with a Family Council, 67 percent met either once a month (61 facilities) or once every three months (60 facilities). Twelve percent (22 facilities) met "as often as needed".

Nursing Home Employees

Table 10. Nursing Home Employees, Wisconsin 2001

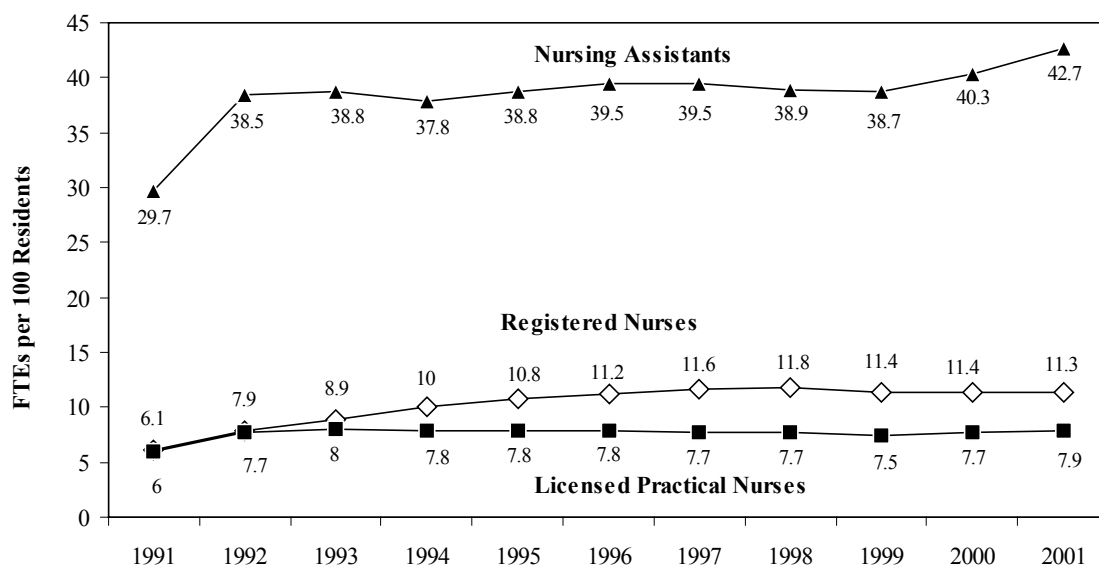
| Employee Category | Full-Time Equivalent Employees (FTEs) | FTEs per 100 Residents |
|--|--|-------------------------------|
| Nursing Services | | |
| Registered Nurses | 4,251.3 | 11.3 |
| Licensed Practical Nurses | 2,979.5 | 7.9 |
| Nursing Assistants/Aides | 16,032.7 | 42.7 |
| Certified Medication Aides | 379.4 | 1.0 |
| Therapeutic Services | | |
| Physicians and Psychiatrists | 10.5 | <0.1 |
| Psychologists | 5.0 | <0.1 |
| Dentists | 2.2 | <0.1 |
| Activity Directors and Staff | 1,307.1 | 3.5 |
| Physical Therapists and Assistants | 397.6 | 1.1 |
| Occupational Therapists and Assistants | 282.9 | 0.8 |
| Recreational Therapists | 84.4 | 0.2 |
| Restorative Speech Therapists | 52.1 | 0.1 |
| AODA Counsellors | 1.0 | <0.1 |
| Qualified Mental Retardation Specialists | 2.3 | <0.1 |
| Qualified Mental Health Professionals | 3.0 | <0.1 |
| Other Services | | |
| Dietitians and Food Workers | 4,611.0 | 12.3 |
| Social Workers | 686.3 | 1.8 |
| Medical Records Staff | 472.4 | 1.3 |
| Administrators | 441.8 | 1.2 |
| Pharmacists | 52.5 | 0.1 |
| Other Health Prof. and Technical Personnel | 759.4 | 2.0 |
| Other Non-Health-Prof. and Non-Technical Personnel | 5,953.8 | 15.9 |
| Statewide Total | 38,774.1 | 103.4 |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

- The number of full-time equivalent employees (FTEs) per 100 nursing home residents increased from 100.5 in 2000 to 103.4 in 2001.
- From 2000 to 2001, the total number of FTEs increased less than 1 percent (from 38,592 to 38,774) while the number of nursing home residents on December 31 was down 2.2 percent. The number of admissions increased 1 percent.

Figure 6. Nursing Staff per 100 Nursing Home Residents, Wisconsin 1991-2001



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

- The number of FTE nursing assistants per 100 residents increased from 40.3 in 2000 to 42.7 in 2001.
- The number of FTE registered nurses and FTE licensed practical nurses per 100 residents remained about the same for 2000 and 2001.

Table 11. Nursing Staff Hours (By Shift) per 100 Residents, Skilled Nursing Facilities, Wisconsin, December 2-15, 2001

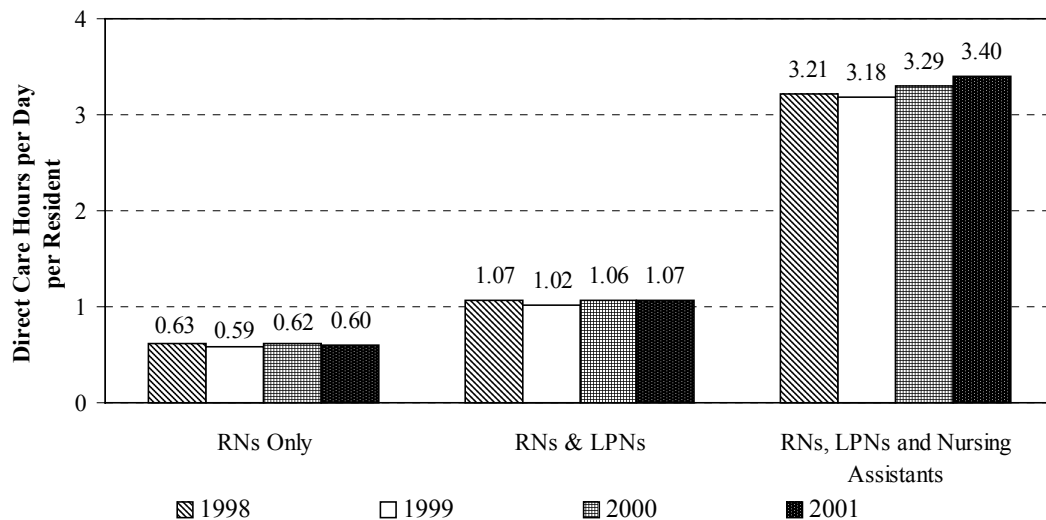
| | | Direct Care Hours Worked per 100 Residents | | | | | |
|-------------------|-----------|--|---------|-------|---------------------------|---------|-------|
| | | Registered Nurses | | | Licensed Practical Nurses | | |
| | | Day | Evening | Night | Day | Evening | Night |
| Week 1 | Sunday | 22.5 | 16.9 | 10.4 | 19.3 | 17.0 | 8.4 |
| | Monday | 37.7 | 18.6 | 10.6 | 20.3 | 17.1 | 8.1 |
| | Tuesday | 37.3 | 18.1 | 10.6 | 20.8 | 16.9 | 8.6 |
| | Wednesday | 38.0 | 17.9 | 10.2 | 21.0 | 17.4 | 8.5 |
| | Thursday | 38.2 | 17.9 | 10.6 | 20.8 | 17.5 | 8.6 |
| | Friday | 35.1 | 17.4 | 9.8 | 20.5 | 17.5 | 8.6 |
| | Saturday | 22.1 | 16.9 | 9.7 | 18.5 | 17.5 | 8.3 |
| Week 2 | Sunday | 22.6 | 16.7 | 10.1 | 19.2 | 17.1 | 8.3 |
| | Monday | 36.6 | 17.8 | 10.3 | 20.1 | 18.1 | 8.7 |
| | Tuesday | 36.8 | 18.1 | 10.1 | 20.2 | 17.0 | 8.7 |
| | Wednesday | 37.3 | 17.8 | 10.2 | 20.9 | 18.1 | 8.4 |
| | Thursday | 37.8 | 17.6 | 10.3 | 20.9 | 18.0 | 8.4 |
| | Friday | 34.1 | 17.0 | 9.7 | 19.9 | 17.7 | 8.9 |
| | Saturday | 21.5 | 15.7 | 9.8 | 18.4 | 19.5 | 8.3 |
| Average per shift | | 32.7 | 17.5 | 10.2 | 20.1 | 17.6 | 8.5 |
| | | Nursing Assistants/Aides | | | | | |
| | | Day | Evening | Night | | | |
| Week 1 | Sunday | 97.8 | 83.1 | 42.8 | | | |
| | Monday | 106.2 | 84.4 | 42.8 | | | |
| | Tuesday | 108.5 | 85.5 | 43.5 | | | |
| | Wednesday | 109.5 | 86.2 | 43.5 | | | |
| | Thursday | 109.2 | 85.9 | 43.4 | | | |
| | Friday | 106.5 | 84.9 | 43.2 | | | |
| | Saturday | 98.3 | 83.4 | 41.8 | | | |
| Week 2 | Sunday | 98.2 | 83.3 | 42.0 | | | |
| | Monday | 105.9 | 85.9 | 43.5 | | | |
| | Tuesday | 109.0 | 86.6 | 43.4 | | | |
| | Wednesday | 109.4 | 87.0 | 43.6 | | | |
| | Thursday | 109.3 | 85.5 | 43.5 | | | |
| | Friday | 105.5 | 84.5 | 42.5 | | | |
| | Saturday | 97.5 | 83.9 | 41.6 | | | |
| Average per shift | | 105.1 | 85.0 | 42.9 | | | |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: This table is based on the *total paid direct resident care hours* worked for each category of nursing staff. This table only includes residents at the ISN, SN, ICF-1 and ICF-2 levels of care in skilled nursing facilities. The specific hours included in the day, evening, and night shifts may vary between facilities. The number of residents used in calculating these ratios (37,216) was the resident count in SNFs on December 31, 2001.

- In skilled nursing facilities, the average direct care hours worked each day shift by registered nurses decreased from 33.6 hours per 100 residents in 2000 to 32.7 hours per 100 residents in 2001 (or 3 percent).
- Average day-, evening-, and night-shift direct care hours worked by nursing assistants increased by 3, 5, and 6 percent, respectively.

Figure 7. Nursing Staff Hours per Day per Resident, Skilled Nursing Facilities, Wisconsin, 1998 - 2001

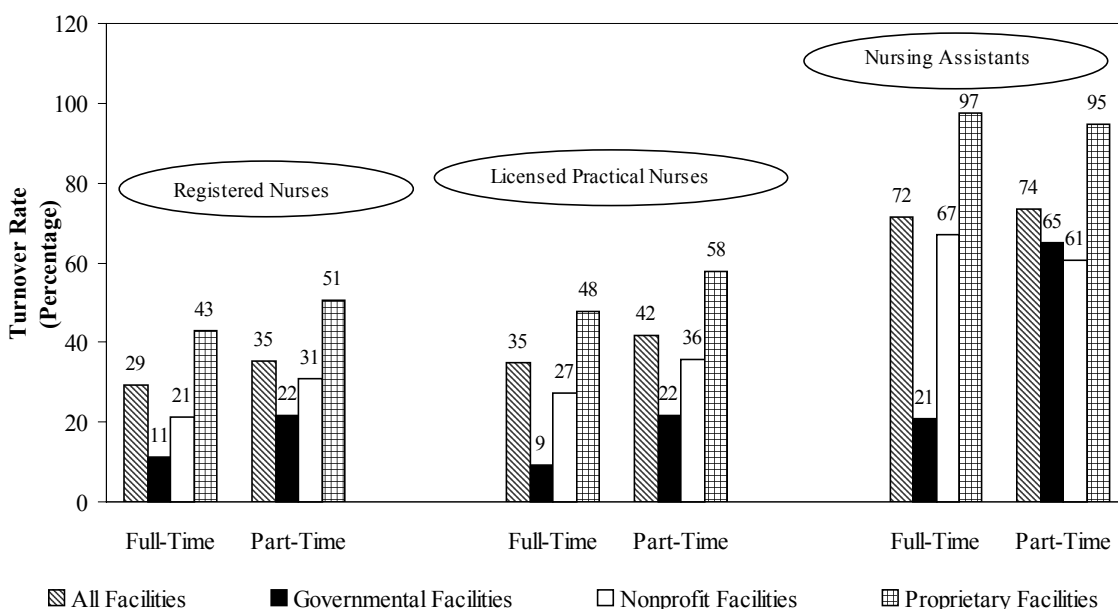


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: This figure is based on the *total paid direct resident care hours* worked in all shifts during a 24-hour period by each category of nursing staff, and includes only residents at the ISN, SN, ICF-1 and ICF-2 levels of care. The figure summarizes data from Table 11, and comparable data for 1998, 1999, and 2000. (This question was added to the survey in 1998.)

- No federal regulation specifies the minimum hours of service to be provided by registered nurses, licensed practical nurses, and nursing assistants per day per resident in each nursing home. Wisconsin law (Chapter 50.04(2), Wisconsin Statutes) requires each nursing home to provide at least 2.5 “direct care” hours per day per resident needing skilled nursing care; a minimum of 0.5 hours of this time shall be provided by an RN or LPN.
- From 1998 to 2001, on average, nursing homes in Wisconsin provided 3.27 hours of direct care per day per resident at the skilled level of care, 31 percent higher than the state minimum requirement. Of the 3.27 hours, more than one hour was provided by either an RN or an LPN, and 0.6 hours was RN care only.
- In 2001, due to an increase in nursing assistants (see Figure 6), the number of nursing staff hours per day per resident was up 3 percent, from 3.29 hours to 3.4 hours.

Figure 8. Nursing Staff Turnover Rate by Facility Ownership, Wisconsin 2001

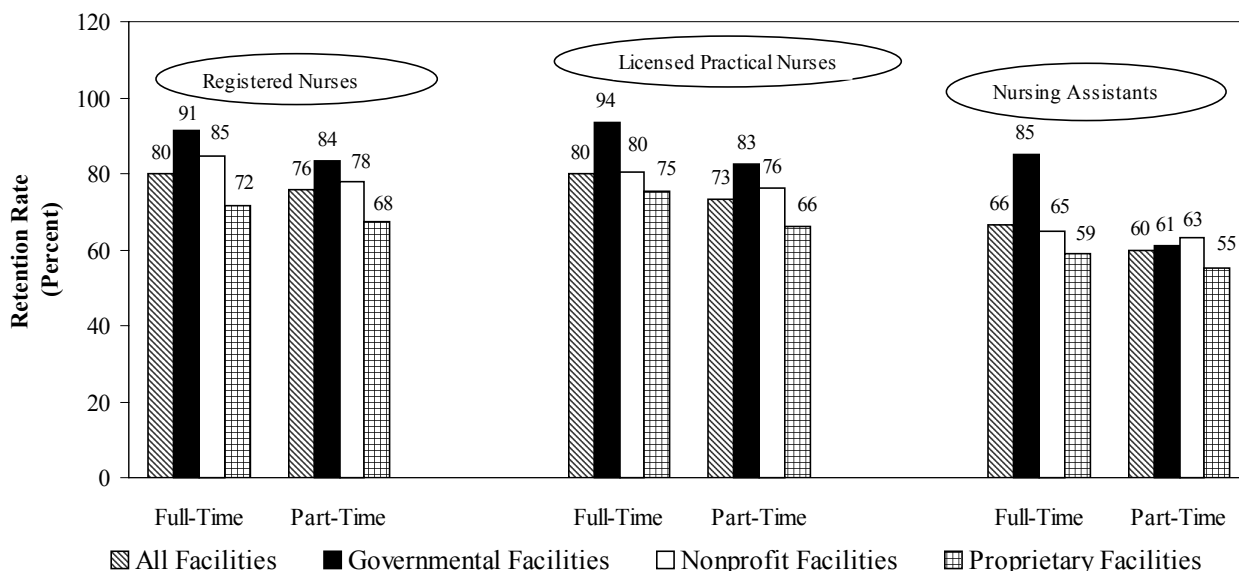


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- From 2000 to 2001, the turnover rate in facilities of all ownership types decreased for registered nurses, both full-time (from 34 percent to 29 percent) and part-time (from 38 percent to 35 percent).
- The turnover rate in proprietary and governmental facilities for full-time licensed practical nurses increased in 2001, resulting in a statewide increase (from 31 percent to 35 percent). The turnover rate for part-time LPNs in nonprofit facilities increased from 34 percent to 36 percent, but decreased from 60 percent to 58 percent in proprietary homes.
- The turnover rate for full-time nursing assistants decreased by 6 percentage points in nonprofit facilities (from 73 percent to 67 percent), and remained the same in governmental and proprietary homes.
- The turnover rate for part-time nursing assistants in nonprofit facilities decreased 13 percentage points (from 74 percent to 61 percent). The statewide rate also decreased (from 79 percent to 74 percent).
- Proprietary facilities had the highest turnover rates for all types of nursing staff. Ninety-seven percent of full-time nursing assistants and 95 percent of part-time nursing assistants working in proprietary homes were hired in 2001.

Figure 9. Nursing Staff Retention Rate by Facility Ownership, 2001



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

- In 2001, the percent of full-time registered nurses who had worked at the facility for more than one year increased across all facilities. With the exception of proprietary homes, part-time RNs also had a higher retention rate in 2001.
- The biggest change was seen among full-time RNs in nonprofit homes: their retention rate increased from 78 percent to 85 percent.
- Part-time nursing staff had lower retention rates than their full-time counterparts.
- The retention rate for part-time nursing assistants in governmental facilities decreased from 65 percent to 61 percent.

Table 12. Nursing Home Admissions by Level of Care, Wisconsin 1991-2001

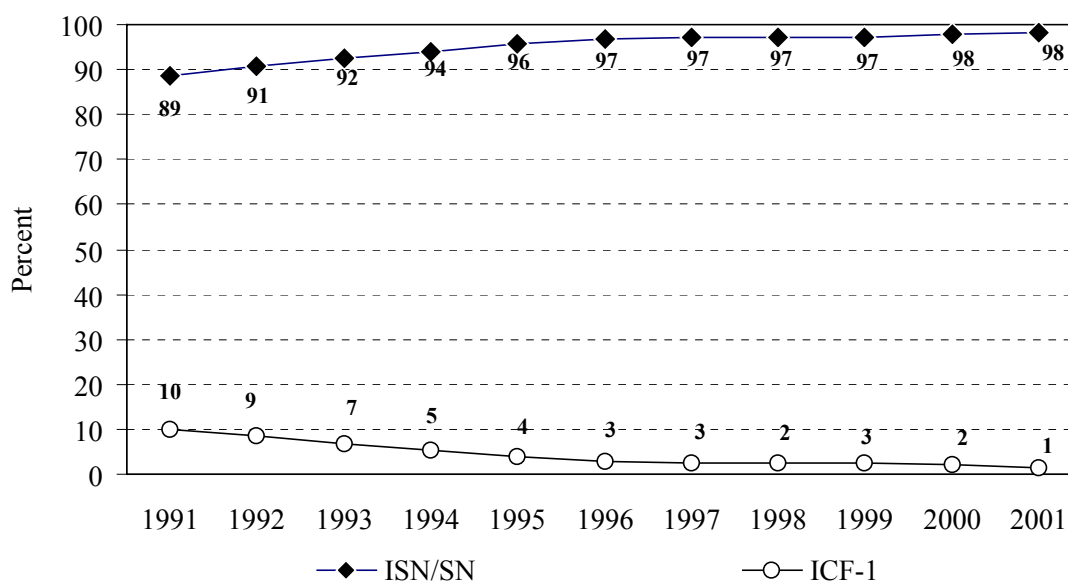
| Year | Level of Care at Admission | | | | | | | | | Total Admissions |
|------|----------------------------|--------|-------|-------|-------|-------|-----|-----|----------------------|------------------|
| | ISN | SN | ICF-1 | ICF-2 | ICF-3 | ICF-4 | DD | TBI | Ventilator Dependent | |
| 1991 | 478 | 25,043 | 2,916 | 255 | 48 | 18 | 41 | --- | --- | 28,799 |
| 1992 | 505 | 26,828 | 2,563 | 186 | 35 | 11 | 123 | --- | --- | 30,251 |
| 1993 | 566 | 27,972 | 2,120 | 165 | 32 | 6 | 77 | --- | --- | 30,938 |
| 1994 | 590 | 33,391 | 1,982 | 154 | 26 | 6 | 72 | --- | --- | 36,221 |
| 1995 | 692 | 36,771 | 1,565 | 79 | 14 | 5 | 18 | 20 | 1 | 39,165 |
| 1996 | 3,801 | 38,359 | 1,252 | 85 | 12 | 3 | 13 | 24 | 12 | 43,561 |
| 1997 | 4,790 | 42,966 | 1,248 | 57 | 17 | 0 | 8 | 30 | 26 | 49,142 |
| 1998 | 3,771 | 46,096 | 1,244 | 82 | 16 | 5 | 9 | 37 | 13 | 51,273 |
| 1999 | 2,999 | 46,795 | 1,219 | 79 | 21 | 9 | 16 | 34 | 14 | 51,186 |
| 2000 | 3,410 | 46,677 | 1,003 | 65 | 15 | 11 | 18 | 62 | 13 | 51,274 |
| 2001 | 2,571 | 48,243 | 770 | 50 | 12 | 7 | 18 | 62 | 8 | 51,741 |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995.

See Technical Notes (page 47) for definitions of all level of care categories shown in this table.

The total excludes admissions for whom primary pay source was not reported.

Figure 10. Percent of Admissions by Level of Care, Wisconsin 1991-2001


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: ISN refers to Intense Skilled Nursing Care, SN refers to Skilled Nursing, and ICF-1 refers to Intermediate Care.

- Ninety-eight percent of nursing home residents admitted in 2001 required intense skilled nursing or skilled nursing care, compared with 89 percent in 1991.
- One percent of nursing home residents admitted in 2001 required intermediate care, compared with 10 percent in 1991.

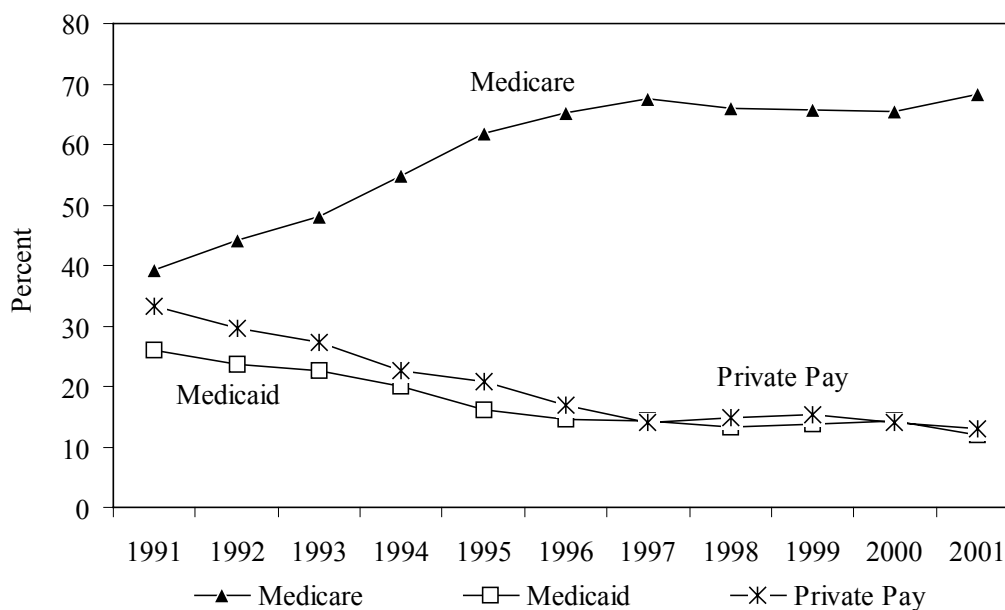
Table 13. Nursing Home Admissions by Primary Pay Source, Wisconsin 1991-2001

| Year | Primary Pay Source at Admission | | | | | | Total Admissions |
|------|---------------------------------|----------|-------------|-------------|--------------|---------------|------------------|
| | Medicare | Medicaid | Private Pay | Family Care | Managed Care | Other Sources | |
| 1991 | 11,258 | 7,454 | 9,604 | --- | --- | 473 | 28,789 |
| 1992 | 13,329 | 7,111 | 8,961 | --- | --- | 778 | 30,179 |
| 1993 | 14,846 | 6,973 | 8,473 | --- | --- | 679 | 30,971 |
| 1994 | 19,863 | 7,287 | 8,231 | --- | --- | 840 | 36,221 |
| 1995 | 24,250 | 6,326 | 8,148 | --- | --- | 479 | 39,203 |
| 1996 | 28,326 | 6,296 | 7,392 | --- | 725 | 744 | 43,483 |
| 1997 | 33,115 | 6,988 | 6,892 | --- | 1,164 | 891 | 49,050 |
| 1998 | 34,214 | 6,880 | 7,750 | --- | 1,811 | 540 | 51,195 |
| 1999 | 33,601 | 7,030 | 7,808 | --- | 2,223 | 524 | 51,186 |
| 2000 | 33,552 | 7,309 | 7,174 | --- | 2,672 | 460 | 51,167 |
| 2001 | 35,282 | 6,196 | 6,689 | 164 | 2,829 | 493 | 51,653 |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Managed care plans were not asked about separately until 1996.

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs. The total excludes admissions for whom primary pay source was not reported.

Figure 11. Percent of Admissions by Primary Pay Source, Wisconsin 1991-2001


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Nursing home admissions increased 78 percent between 1991 and 1998 (at an average annual rate of 10 percent), stabilized at just over 51,000 annually in 1999 and 2000, then increased 1 percent in 2001.
- In 2001, 68 percent of admissions had Medicare as primary pay source (compared with 66 percent in 2000), 12 percent had Medicaid (14 percent in 2000), and 13 percent were private pay (14 percent in 2000).

Table 14. Number of Nursing Home Admissions by Primary Pay Source and Level of Care, Wisconsin 2001

| Level of Care At Admission | Pay Source at Admission | | | | | | Total Admissions |
|--------------------------------------|-------------------------|--------------|----------------|----------------|-----------------|------------------|---------------------|
| | Medicare | Medicaid | Private Pay | Family Care | Managed Care | Other Sources | |
| Intense Skilled Nursing | 1,951 | 212 | 125 | 10 | 261 | 9 | 2,571 |
| Skilled Nursing | 33,327 | 5,550 | 6,150 | 148 | 2,502 | 481 | 48,243 |
| Intermediate | N/A | 365 | 352 | 5 | 46 | 2 | 770 |
| Limited | N/A | 9 | 39 | 1 | 0 | 1 | 50 |
| Personal | N/A | N/A | 12 | 0 | 0 | 0 | 12 |
| Residential | N/A | N/A | 7 | 0 | 0 | 0 | 7 |
| Traumatic Brain Injury | 0 | 39 | 4 | 0 | 19 | 0 | 62 |
| Ventilator-Dependent | 4 | 3 | 0 | 0 | 1 | 0 | 8 |
| Developmental Disabilities (DD1A) | N/A | 9 | 0 | 0 | 0 | 0 | 9 |
| Developmental Disabilities (DD1B) | N/A | 0 | 0 | 0 | 0 | 0 | 0 |
| Developmental Disabilities (DD2) | N/A | 9 | 0 | 0 | 0 | 0 | 9 |
| Developmental Disabilities (DD3) | N/A | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 35,282 | 6,196 | 6,689 | 164 | 2,829 | 493 | 51,741 |
| Percent of Admissions | 68% | 12% | 13% | <1% | 5% | 1% | 100% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An "N/A" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care. Medicaid does not pay for new admissions at the Personal or Residential levels of care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs. The total includes 88 admissions for whom pay source was not reported.

See Technical Notes (page 46) for definitions of all level of care categories shown in this table.

- Among residents admitted in 2001 at the intense skilled nursing level of care, Medicare was the primary pay source for 76 percent, down from 78 percent in 2000. Five percent of all admissions were at the intense skilled level of care, down from 7 percent in 2000.
- Medicare was the primary pay source for 68 percent of admissions at the skilled nursing level of care, up from 66 percent in 2000. Ninety-three percent of admissions were at this level of care in 2001, compared with 91 percent in 2000.
- Twelve percent of persons admitted in 2001 had Medicaid as the primary pay source, compared to 14 percent in 2000. Thirteen percent of 2001 admissions had private pay as the primary pay source, compared to 14 percent in 2000.

Table 15. Number of Nursing Home Admissions by Age and Level of Care, Wisconsin 2001

| Level of Care At Admission | Age at Admission | | | | | | | Total Admissions |
|--------------------------------------|------------------|--------------|--------------|--------------|---------------|---------------|--------------|---------------------|
| | <20 | 20-54 | 55-64 | 65-74 | 75-84 | 85-94 | 95+ | |
| Intense Skilled Nursing | 3 | 179 | 169 | 384 | 853 | 548 | 56 | 2,571 |
| Skilled Nursing | 8 | 1,774 | 2,339 | 7,410 | 18,675 | 16,102 | 1,866 | 48,243 |
| Intermediate | 0 | 38 | 49 | 141 | 229 | 274 | 39 | 770 |
| Limited | 0 | 3 | 1 | 6 | 20 | 19 | 1 | 50 |
| Personal | 0 | 0 | 0 | 0 | 5 | 6 | 1 | 12 |
| Residential | 0 | 0 | 0 | 0 | 3 | 3 | 1 | 7 |
| Traumatic Brain Injury | 5 | 55 | 0 | 2 | 0 | 0 | 0 | 62 |
| Ventilator-Dependent | 0 | 1 | 3 | 4 | 0 | 0 | 0 | 8 |
| Developmental Disabilities (DD1A) | 0 | 5 | 2 | 1 | 1 | 0 | 0 | 9 |
| Developmental Disabilities (DD1B) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Developmental Disabilities (DD2) | 0 | 4 | 2 | 3 | 0 | 0 | 0 | 9 |
| Developmental Disabilities (DD3) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total, All Levels | 16 | 2,059 | 2,565 | 7,951 | 19,786 | 16,952 | 1,964 | 51,741 |
| Percent of Admissions | <1% | 4% | 5% | 16% | 39% | 33% | 4% | 100% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Total includes 448 residents for whom level of care and/or age was not reported.

Percents may not add to 100 due to rounding.

See Technical Notes (page 46) for definitions of all level of care categories shown in this table.

- In 2001, 66 percent of admissions at the intense skilled nursing care level and 76 percent of admissions at the skilled nursing care level were aged 75 and over.
- Ninety-one percent of people admitted to Wisconsin nursing homes in 2001 were 65 years of age and older. This percentage has remained stable since 1997.

Table 16. Nursing Home Admissions by Care Location Prior to Admission, Wisconsin 2001

| Care Location | Nursing Home Licensure Category | | | | | |
|--|---------------------------------|-------------|------------|-------------|------------------|-------------|
| | SNFs/ICFs | | IMDs | | Total Admissions | |
| | Number | Percent | Number | Percent | Number | Percent |
| Private home/apt. with no home health services | 3,823 | 7% | 0 | 0% | 3,823 | 7% |
| Private home/apt. with home health services | 1,231 | 2 | 0 | 0 | 1,231 | 2 |
| Board and care/assisted living/group home | 1,547 | 3 | 2 | 1 | 1,549 | 3 |
| Nursing home | 2,662 | 5 | 7 | 5 | 2,669 | 5 |
| Acute care hospital | 40,843 | 79 | 47 | 35 | 40,890 | 79 |
| Psychiatric hospital, facility for dev. disab. | 371 | 1 | 75 | 56 | 446 | 1 |
| Rehabilitation hospital | 687 | 1 | 0 | 0 | 687 | 1 |
| Other | 443 | 1 | 3 | 2 | 446 | 1 |
| Total | 51,607 | 100% | 134 | 100% | 51,741 | 100% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Seventy-nine percent of residents admitted to skilled nursing facilities and intermediate care facilities in 2001 came directly from an acute care hospital, compared to 80 percent the previous year.
- Seven percent were admitted from private homes where they had not been receiving home health services (compared to 8 percent in 2000), and 2 percent were admitted from private homes where they had been receiving home health services.

Table 17. Discharge Status or Care Destination of Nursing Home Residents Discharged, Wisconsin 2001

| Discharge Status/ Care Destination | Nursing Home Licensure Category | | | | | |
|---|---------------------------------|-------------|------------|-------------|---------------|-------------|
| | SNFs/ICFs | | IMDs | | Total | |
| | Number | Percent | Number | Percent | Number | Percent |
| Private home/apt. with no home health services | 12,707 | 24% | 11 | 8% | 12,718 | 24% |
| Private home/apt. with home health services | 8,399 | 16 | 10 | 7 | 8,409 | 16 |
| Board and care/assisted living/group home | 3,639 | 7 | 55 | 39 | 3,694 | 7 |
| Nursing home | 2,860 | 6 | 11 | 8 | 2,871 | 6 |
| Acute care hospital | 8,261 | 16 | 12 | 9 | 8,273 | 16 |
| Psychiatric hospital, facility for dev. disab. | 219 | 0 | 22 | 16 | 241 | <1 |
| Rehabilitation hospital | 128 | 0 | 0 | 0 | 128 | <1 |
| Other | 228 | 0 | 6 | 4 | 234 | <1 |
| Deceased | 15,520 | 30 | 13 | 9 | 15,533 | 30 |
| Total | 51,961 | 100% | 140 | 100% | 52,101 | 100% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Among residents discharged from skilled nursing or intermediate care facilities (SNFs/ICFs) in 2001, 16 percent went to acute care hospitals, down from 18 percent in 2000.
- Deaths represented 30 percent of discharges from SNFs/ICFs in 2001, compared with 29 percent in 2000.
- The percent of SNF/ICF discharges to private homes with no home health services increased from 23 percent to 24 percent.
- Residents discharged to other nursing homes increased from 5 percent to 6 percent.

Nursing Home Residents

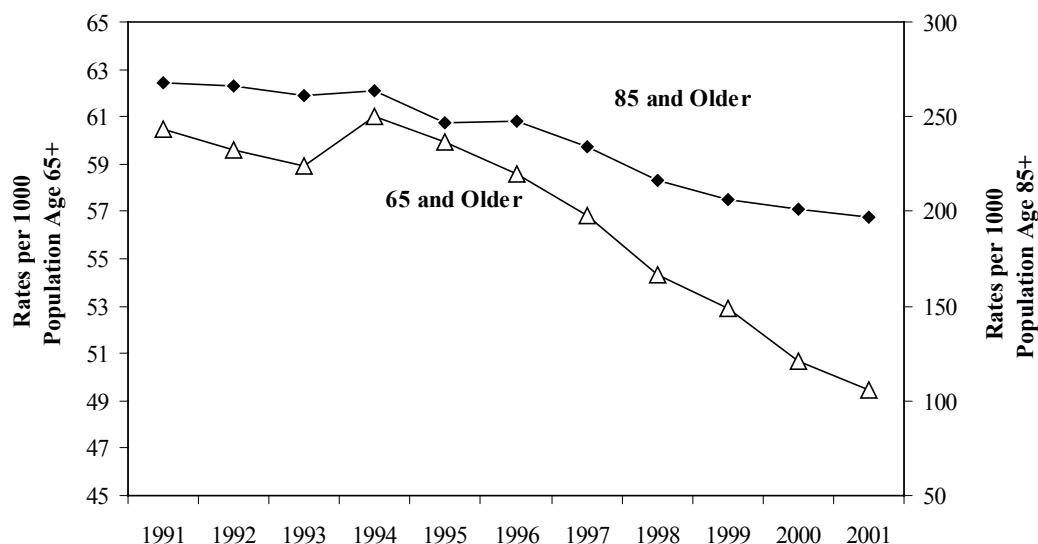
Table 18. Age-Specific Nursing Home Utilization Rates, Wisconsin 1991-2001

| Year | Age-Specific Rate per 1,000 Population | | | | | 65+ | 85+ |
|------|--|-------|-------|-------|-------|------|-------|
| | 55-64 | 65-74 | 75-84 | 85-94 | 95+ | | |
| 1991 | 4.0 | 14.3 | 64.6 | 244.9 | 484.0 | 60.5 | 268.0 |
| 1992 | 3.7 | 13.4 | 61.9 | 242.9 | 481.2 | 59.6 | 266.2 |
| 1993 | 3.7 | 13.3 | 60.0 | 235.2 | 535.7 | 58.9 | 261.1 |
| 1994 | 3.6 | 14.2 | 61.4 | 237.4 | 556.3 | 61.0 | 263.7 |
| 1995 | 3.7 | 14.5 | 63.5 | 226.5 | 469.8 | 59.9 | 246.6 |
| 1996 | 3.6 | 13.2 | 58.6 | 222.0 | 540.6 | 58.6 | 247.3 |
| 1997 | 3.5 | 12.8 | 56.6 | 210.4 | 503.4 | 56.8 | 234.5 |
| 1998 | 3.4 | 12.2 | 53.5 | 193.9 | 468.3 | 54.3 | 216.4 |
| 1999 | 3.4 | 12.0 | 51.7 | 184.9 | 449.8 | 52.9 | 206.6 |
| 2000 | 3.2 | 11.1 | 49.6 | 179.3 | 450.1 | 50.7 | 201.2 |
| 2001 | 3.4 | 10.7 | 47.3 | 177.0 | 450.1 | 48.9 | 197.0 |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of nursing home residents in an age group on December 31 per 1,000 Wisconsin population in that age group.
The rates per 1,000 population for those age 65 and over and 85 and over are used as general indicators of nursing home usage.

Figure 12. Nursing Home Utilization Rates Age 65+ and 85+, Wisconsin 1991-2001



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Nursing home utilization rates declined in 2001 for all age groups except those aged 55 through 64. Nearly half of Wisconsin adults aged 95 and over were residing in a nursing home in 2001.
- From 1991 to 2001, the nursing home utilization rate for all persons aged 65 and over declined 18 percent, from 61 to 49 per 1,000 population. For those aged 85 and over, the utilization rate declined 26 percent, from 268 to 197 per 1,000 population.

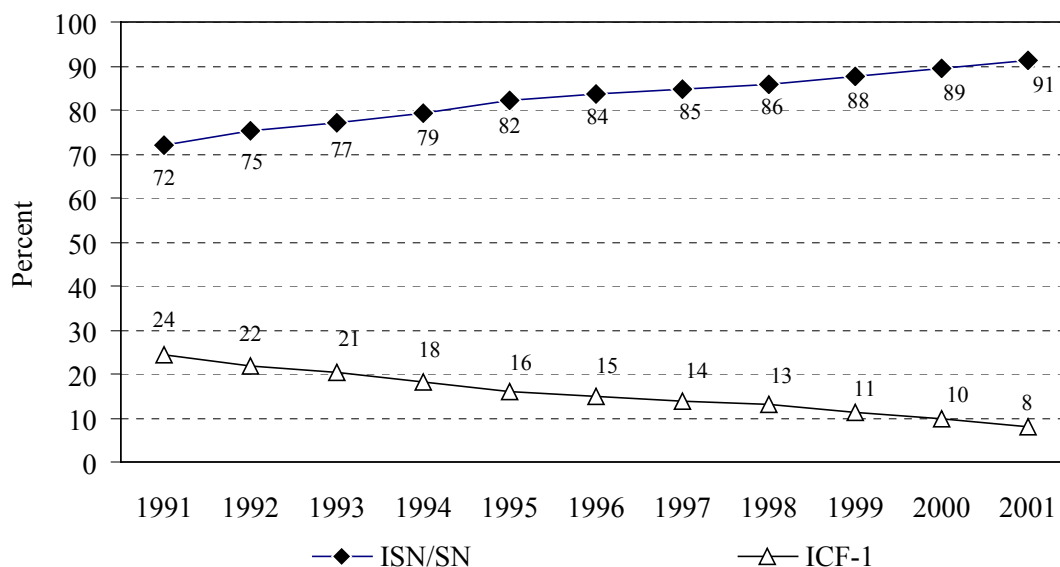
Table 19. Number of Nursing Home Residents by Level of Care, Wisconsin, December 31, 1991-2001

| Year | Level of Care | | | | | | | | | Total |
|------|---------------|--------|-------|-------|-------|-------|-----|-----|----------------------|--------|
| | ISN | SN | ICF-1 | ICF-2 | ICF-3 | ICF-4 | DD | TBI | Ventilator-Dependent | |
| 1991 | 1,062 | 28,460 | 9,979 | 863 | 181 | 50 | 423 | --- | --- | 41,018 |
| 1992 | 1,184 | 31,486 | 9,441 | 727 | 165 | 44 | 436 | --- | --- | 43,483 |
| 1993 | 1,166 | 31,794 | 8,784 | 618 | 125 | 29 | 312 | --- | --- | 42,828 |
| 1994 | 1,086 | 34,401 | 8,125 | 457 | 96 | 112 | 441 | --- | --- | 44,718 |
| 1995 | 1,053 | 34,897 | 7,039 | 359 | 55 | 18 | 298 | 5 | 6 | 43,730 |
| 1996 | 1,622 | 34,445 | 6,468 | 268 | 47 | 14 | 188 | 11 | 14 | 43,077 |
| 1997 | 1,562 | 34,084 | 5,881 | 242 | 41 | 11 | 185 | 19 | 17 | 42,042 |
| 1998 | 1,424 | 33,379 | 5,338 | 225 | 29 | 10 | 190 | 14 | 16 | 40,625 |
| 1999 | 1,346 | 33,493 | 4,530 | 165 | 21 | 8 | 142 | 3 | 11 | 39,719 |
| 2000 | 1,232 | 33,064 | 3,740 | 114 | 26 | 10 | 141 | 31 | 23 | 38,381 |
| 2001 | 1,026 | 33,243 | 2,937 | 88 | 20 | 7 | 134 | 33 | 18 | 37,506 |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995. Totals for each year do not include residents whose level of care was not reported.

Figure 13. Percent of Residents by Level of Care, Wisconsin, December 31, 1991-2001



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The percent of residents who were receiving intense skilled nursing or skilled nursing care on the last day of the year increased from 72 percent in 1991 to 91 percent in 2001.
- The percent of residents who were receiving intermediate care (ICF-1) decreased from 24 percent to 8 percent during the same period.
- The percent of residents who were receiving limited care (ICF-2) decreased from 2 percent to 0.2 percent.

Table 20. Number of Nursing Home Residents by Primary Pay Source and Level of Care, Wisconsin, December 31, 2001

| Level of Care | Primary Pay Source on December 31 | | | | | | Total |
|-----------------------------------|-----------------------------------|----------|-------------|-------------|--------------|---------------|--------|
| | Medicare | Medicaid | Private Pay | Family Care | Managed Care | Other Sources | |
| Intense Skilled Nursing | 212 | 613 | 169 | 4 | 22 | 6 | 1,026 |
| Skilled Nursing | 2,802 | 21,830 | 7,974 | 116 | 248 | 273 | 33,243 |
| Intermediate | N/A | 2,285 | 607 | 5 | 22 | 18 | 2,937 |
| Limited | N/A | 42 | 46 | 0 | 0 | 0 | 88 |
| Personal | N/A | 0 | 20 | 0 | 0 | 0 | 20 |
| Residential | N/A | 0 | 7 | 0 | 0 | 0 | 7 |
| Traumatic Brain Injury | 0 | 26 | 1 | 0 | 6 | 0 | 33 |
| Ventilator-Dependent | 0 | 18 | 0 | 0 | 0 | 0 | 18 |
| Developmental Disabilities (DD1A) | N/A | 86 | 0 | 0 | 0 | 0 | 86 |
| Developmental Disabilities (DD1B) | N/A | 15 | 0 | 0 | 0 | 0 | 15 |
| Developmental Disabilities (DD2) | N/A | 22 | 0 | 0 | 0 | 0 | 22 |
| Developmental Disabilities (DD3) | N/A | 11 | 0 | 0 | 0 | 0 | 11 |
| Total Residents, All Levels | 3,014 | 24,948 | 8,824 | 125 | 298 | 297 | 37,506 |
| Percent of All Residents | 8% | 67% | 24% | <1% | <1% | <1% | 100% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An "N/A" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes (page 47) for definitions of all level of care categories shown in this table.

The row "Percent of All Residents" does not add to 100 percent due to rounding.

- On December 31, 2001, 67 percent of nursing home residents had Medicaid as their primary pay source. This percentage has remained the same since 1996.
- Eight percent of residents had Medicare as their primary pay source, up from 7 percent in 2000.
- Twenty-four percent of residents were primarily private-pay, the same proportion each year since 1996.
- There were 125 nursing home residents (0.3 percent) using Family Care as their primary pay source in 2001. Family Care is a long-term care program being piloted in nine Wisconsin counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Kenosha, Marathon, Trempealeau, and Jackson. (See Technical Notes, page 47.)

Table 21. Percent of Nursing Home Residents by Age and Primary Disabling Diagnosis, Wisconsin, December 31, 2001

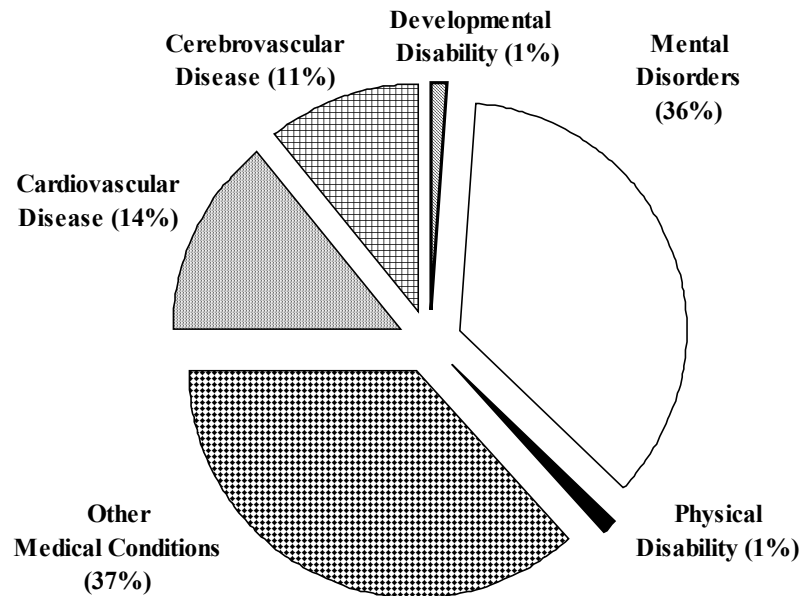
| Primary Disabling Diagnosis | Age Group | | | | | | Total |
|---|--------------|--------------|--------------|---------------|---------------|--------------|---------------|
| | <55 | 55-64 | 65-74 | 75-84 | 85-94 | 95+ | |
| Mental Retardation | 4% | 2% | 1% | 0% | 0% | 0% | <1% |
| Cerebral Palsy | 2 | 2 | 1 | 0 | 0 | 0 | <1 |
| Epilepsy | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Autism | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Multiple Developmental Disabilities | 1 | 0 | 0 | 0 | 0 | 0 | <1 |
| Other Developmental Disabilities | 1 | 1 | 0 | 0 | 0 | 0 | <1 |
| Subtotal of Developmental Disabilities | 8 | 5 | 2 | 1 | 0 | 0 | 1 |
| Alzheimer's Disease | 1 | 5 | 9 | 15 | 14 | 12 | 12 |
| Other Organic/Psychotic | 5 | 8 | 11 | 15 | 19 | 20 | 16 |
| Organic/Non-Psychotic | 2 | 2 | 2 | 2 | 2 | 3 | 2 |
| Non-Organic/Psychotic | 14 | 14 | 9 | 3 | 2 | 1 | 4 |
| Non-Organic/Non-Psychotic | 3 | 2 | 2 | 2 | 2 | 2 | 2 |
| Other Mental Disorders | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Subtotal of Mental Disorders | 26 | 30 | 33 | 37 | 38 | 37 | 36 |
| Paraplegic | 2 | 1 | 0 | 0 | 0 | 0 | <1 |
| Quadriplegic | 3 | 2 | 0 | 0 | 0 | 0 | <1 |
| Hemiplegic | 1 | 1 | 1 | 1 | 0 | 0 | 1 |
| Subtotal of Physical Disabilities | 6 | 3 | 2 | 1 | 1 | 0 | 1 |
| Cancer | 2 | 3 | 3 | 2 | 2 | 1 | 2 |
| Fractures | 2 | 3 | 4 | 4 | 5 | 5 | 5 |
| Cardiovascular Disease | 3 | 5 | 9 | 12 | 17 | 23 | 14 |
| Cerebrovascular Disease | 7 | 12 | 13 | 12 | 10 | 8 | 11 |
| Diabetes | 2 | 5 | 6 | 5 | 4 | 3 | 4 |
| Respiratory Diseases | 2 | 4 | 5 | 5 | 4 | 4 | 5 |
| Alcohol & Other Drug Abuse | 1 | 1 | 1 | 0 | 0 | 0 | <1 |
| Other Medical Conditions | 40 | 28 | 23 | 20 | 19 | 19 | 21 |
| Subtotal of Medical Conditions | 60 | 61 | 63 | 62 | 61 | 63 | 62 |
| Total Percent | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Residents | 1,244 | 1,534 | 3,799 | 11,892 | 15,557 | 3,480 | 37,506 |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding.

- Twelve percent of nursing home residents had a primary diagnosis of Alzheimer's disease.
- Thirty-six percent of nursing home residents had a primary diagnosis of mental disorders (including Alzheimer's disease) in 2001.
- The number of nursing home residents with a primary diagnosis of fractures declined by 16 percent from the previous year while the total number of residents declined 2 percent.

Figure 14. Percent of Nursing Home Residents by Primary Disabling Diagnosis, Wisconsin, December 31, 2001



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Twenty-five percent of nursing home residents had cardiovascular or cerebrovascular disease as their primary diagnosis in 2001, compared to 26 percent the previous year.
- In 2001, the number of nursing home residents who had a primary diagnosis of cardiovascular disease declined by 6 percent from the previous year (from 5,625 residents in 2000 to 5,310 residents in 2001).
- The number of residents who had a primary diagnosis of Alzheimer's disease increased by 1 percent while the total number of nursing home residents declined 2 percent. Alzheimer's disease is included in the mental disorders category in Figure 14.

Table 22. Length of Stay of Nursing Home Residents by Licensure Category, Wisconsin, December 31, 2001

| Length of Stay | Licensure Category | | | | | |
|----------------------|--------------------|---------|--------|---------|--------|---------|
| | SNFs/ICFs | | IMDs | | Total | |
| | Number | Percent | Number | Percent | Number | Percent |
| Less than 1 year | 13,398 | 36% | 71 | 29% | 13,469 | 36% |
| Less than 100 days | 5,806 | 16 | 26 | 11 | 5,832 | 16 |
| 100 days to 180 days | 2,796 | 8 | 17 | 7 | 2,813 | 8 |
| 181 days to 364 days | 4,796 | 13 | 28 | 11 | 4,824 | 13 |
| 1-2 years | 6,786 | 18 | 40 | 16 | 6,826 | 18 |
| 2-3 years | 4,919 | 13 | 18 | 7 | 4,937 | 13 |
| 3-4 years | 3,365 | 9 | 40 | 16 | 3,405 | 9 |
| 4 or more years | 8,793 | 24 | 76 | 31 | 8,869 | 24 |
| Total | 37,261 | 100% | 245 | 100% | 37,506 | 100% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

SNFs are skilled nursing facilities; ICFs are intermediate care facilities; IMDs are institutions for mental diseases.

- On December 31, 2001, 36 percent of SNF and ICF residents had been in the nursing home less than one year (unchanged from the previous year). Sixteen percent had been there less than 100 days.
- In 2001, the percent of SNF and ICF residents who had been in the nursing home four or more years remained the same at 24 percent, while 18 percent had been there one to two years.

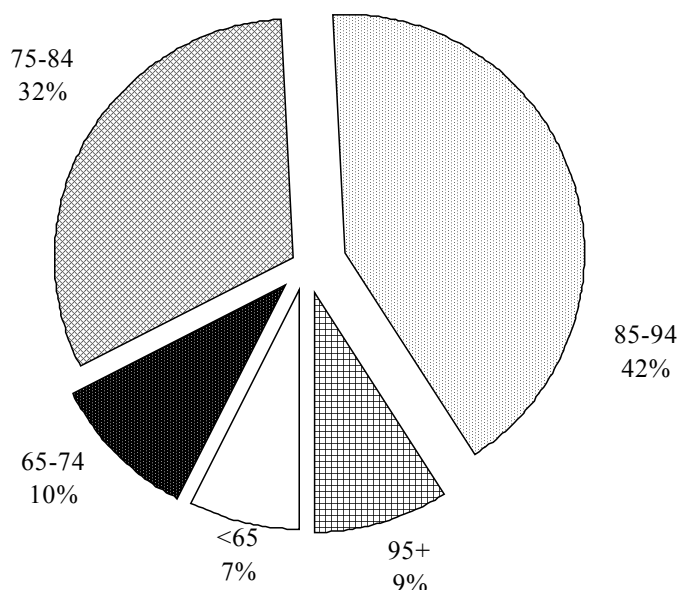
Table 23. Age of Nursing Home Residents by Licensure Category, Wisconsin, December 31, 2001

| Age of Resident | Licensure Category | | | | | |
|--------------------|--------------------|---------|--------|---------|--------|---------|
| | SNFs/ICFs | | IMDs | | Total | |
| | Number | Percent | Number | Percent | Number | Percent |
| Less than 20 years | 8 | <1% | 1 | <1% | 9 | <1% |
| 20-54 years | 1,113 | 3 | 122 | 50 | 1,235 | 3 |
| 55-64 years | 1,498 | 4 | 36 | 15 | 1,534 | 4 |
| 65-74 years | 3,755 | 10 | 44 | 18 | 3,799 | 10 |
| 75-84 years | 11,862 | 32 | 30 | 12 | 11,892 | 32 |
| 85-94 years | 15,545 | 42 | 12 | 5 | 15,557 | 42 |
| 95+ years | 3,480 | 9 | 0 | 0 | 3,480 | 9 |
| All ages | 37,261 | 100% | 245 | 100% | 37,506 | 100% |
| 65+ years | 34,642 | 93% | 86 | 35% | 34,728 | 93% |
| 85+ years | 19,025 | 51% | 12 | 5% | 19,037 | 51% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding. SNFs are skilled nursing facilities; ICFs are intermediate care facilities; IMDs are institutions for mental diseases.

Figure 15. Percent of Nursing Home Residents by Age, Wisconsin, December 31, 2001



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The largest group of nursing home residents was aged 85-94, who accounted for 42 percent of all residents in 2001.
- Only nine nursing home residents in 2001 were younger than 20 years of age.

Table 24. Legal Status of Nursing Home Residents, Wisconsin, December 31, 2001

| | Total Residents | Placed Under Chapter 51 | Has Court-Appointed Guardian | Protectively Placed Under Chapter 55 | Has Activated Power of Attorney for Health Care |
|---------------------------|------------------------|--------------------------------|-------------------------------------|---|--|
| Licensure Category | Number | Number Percent | Number Percent | Number Percent | Number Percent |
| SNFs/ICFs | 44,043 | 253 1% | 6,883 18% | 6,026 16% | 13,535 36% |
| IMDs | 276 | 61 25% | 130 53% | 185 76% | 48 20% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percents were based on the total number of residents in each kind of facility on December 31, 2001.

- The Protective Services Act, Chapter 55, Wisconsin Statutes allows a court to order the protective placement for institutional care of those who are unable to adequately care for themselves due to the infirmities of aging. Such orders are reviewed by the court at least once every 12 months. Seventy-six percent of IMD residents in 2001 (compared with 62 percent in 2000) had been protectively placed under this law.
- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person is unable to receive and evaluate health care information or to effectively manage health care decisions. Thirty-six percent of SNF/ICF residents were reported to have an activated power of attorney for health care in 2001, up from 34 percent in 2000. Twenty percent of IMD residents had an activated power of attorney for health care in 2001.
- The percent of IMD residents who had been placed under Chapter 51 (the Mental Health Act) decreased from 28 percent in 2000 to 25 percent in 2001.

Table 25. Nursing Home Residents With Medicaid as Primary Pay Source by Eligibility Date and Facility Licensure Category, Wisconsin, December 31, 2001

| Eligibility Date for Medicaid | Males | | Females | | Total | |
|---|--------|---------|---------|---------|--------|---------|
| | Number | Percent | Number | Percent | Number | Percent |
| All Nursing Homes | | | | | | |
| At time of admission | 3,739 | 53% | 8,324 | 47% | 12,063 | 48% |
| 1-30 days after admission | 636 | 9 | 1,466 | 8 | 2,102 | 8 |
| 31 days–1 year after admission | 1,532 | 22 | 4,293 | 24 | 5,825 | 23 |
| More than 1 year after admission | 765 | 11 | 2,641 | 15 | 3,406 | 14 |
| Unknown | 399 | 6 | 1,043 | 6 | 1,442 | 6 |
| Total | 7,071 | 100% | 17,767 | 100% | 24,948 | 100% |
| Skilled Nursing and Intermediate Care Facilities | | | | | | |
| At time of admission | 3,709 | 53% | 8,294 | 47% | 12,003 | 48% |
| 1-30 days after admission | 635 | 9 | 1,466 | 8 | 2,101 | 8 |
| 31 days–1 year after admission | 1,528 | 22 | 4,292 | 24 | 5,820 | 23 |
| More than 1 year after admission | 758 | 11 | 2,632 | 15 | 3,390 | 14 |
| Unknown | 399 | 6 | 1,043 | 6 | 1,442 | 6 |
| Total | 7,029 | 100% | 17,727 | 100% | 24,866 | 100% |
| Institutions for Mental Diseases | | | | | | |
| At time of admission | 30 | 71% | 30 | 75% | 60 | 73% |
| 1-30 days after admission | 1 | 2 | 0 | 0 | 1 | 1 |
| 31 days–1 year after admission | 4 | 10 | 1 | 3 | 5 | 6 |
| More than 1 year after admission | 7 | 17 | 9 | 23 | 16 | 20 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 42 | 100% | 40 | 100% | 82 | 100% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- In 2001, 48 percent of SNF/ICF residents with Medicaid had been eligible at time of admission. This percent has remained unchanged since 1999.
- Twenty-three percent of SNF/ICF residents with Medicaid became eligible from 31 days to one year after admission, and 14 percent became eligible more than one year after admission.
- Fifty-three percent of male nursing home residents with Medicaid had been eligible at time of admission, compared to 47 percent of female residents with Medicaid.
- Seventy-three percent of IMD residents with Medicaid were eligible at time of admission, compared to 93 percent in 2000.

Table 26. Number of Nursing Home Residents Who Ever Received Pre-Admission Screening and Resident Review (PASRR) by Licensure Category, Medicaid-Certified Facilities Only, Wisconsin, December 31, 2001

| | Licensure Category | |
|-------------------------------------|--------------------|------|
| | SNFs/ICFs | IMDs |
| Ever Received PASRR Level II Screen | 5,645 | 137 |
| Needed DD services | 158 | 8 |
| Needed MI services | 519 | 123 |
| Total residents on Dec. 31 | 36,738 | 170 |
| Number of Facilities | 390 | 3 |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The federal Pre-Admission Screening and Resident Review (PASRR) statutes and regulations apply to all individuals who seek admission to a Medicaid-certified nursing facility and all current residents of Medicaid-certified nursing facilities, irrespective of pay source. The purpose of the PASRR process is to ensure that all individuals who have a mental illness or developmental disability (mental retardation)

(1) are placed in a nursing facility only when their needs:

(a) cannot be met in an appropriate community placement; and

(b) do not require the specialized care and treatment of a psychiatric hospital or FDD; and

(2) receive appropriate treatment for their mental illness or developmental disability if their independent functioning is limited due to their disability.

The **Level I screen** consists of six questions that look behind diagnosis and currently prescribed medication to identify individuals with symptoms that may indicate the person has a serious mental illness or developmental disability.

The **Level II screen** is used (1) to determine whether the person meets the criteria in the federal definition of serious mental illness or developmental disability; (2) if so, whether the person needs institutional care, and whether a nursing facility is the most appropriate setting; and (3) whether the person needs specialized services.

- In 2001, a total of 5,645 SNF/ICF residents were reported to have ever received a PASRR Level II screen. (All residents should receive Level I screens, but no data were collected on them).
- Of those ever screened, 158 were determined to need special services for developmental disabilities and 519 were determined to need special services for mental illness.

Nursing Home Residents

Table 27. Use of Physical Restraints among Nursing Home Residents by Facility Ownership, Wisconsin, December 31, 2001

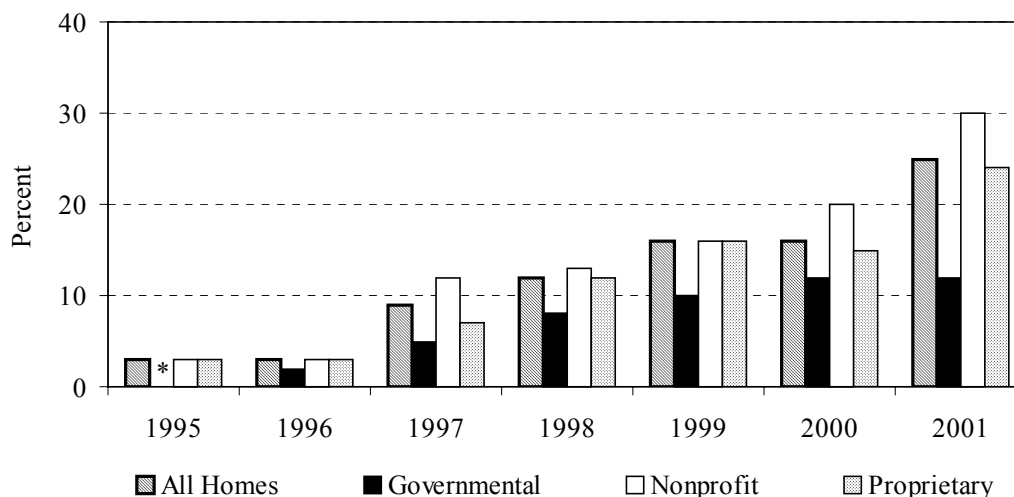
Wisconsin, December 31, 2001

| | Ownership Category | | | | | | All Homes Number Percent | |
|--|--------------------------------|------|-----------------------------|------|-------------------------------|------|-----------------------------|------|
| | Governmental Number Percent | | Nonprofit Number Percent | | Proprietary Number Percent | | | |
| Total Residents | 7,261 | 100% | 13,939 | 100% | 16,306 | 100% | 37,506 | 100% |
| Physically Restrained | 462 | 6% | 803 | 6% | 752 | 5% | 2,017 | 5% |
| Total Facilities | 60 | 100% | 155 | 100% | 196 | 100% | 411 | 100% |
| Homes reporting no physically restrained residents | 7 | 12% | 47 | 30% | 47 | 24% | 101 | 25% |

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: This survey item was changed in 2001. It now simply asks facilities to report the number of residents on December 31 who are “physically restrained.”

Figure 16. Percent of Nursing Homes with No Physically Restrained Residents, by Facility Ownership, Wisconsin, December 31, 1995 – 2001



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: An asterisk (*) means 0.0 percent.

- On December 31, 2001, 5 percent of all Wisconsin nursing home residents were being physically restrained, compared with 7 percent in 2000.
- The percent of nursing homes which reported having *no* physically restrained residents on December 31 increased from 3 percent in 1995 to 25 percent in 2001.
- In 2001, the proportion of nursing homes with *no* physically restrained residents was highest among nonprofit facilities (30 percent) and lowest among governmental facilities (12 percent).
- The percent of nonprofit nursing homes reporting *no* physically restrained residents increased from 20 percent in 2000 to 30 percent in 2001.

Nursing Home Residents

Table 28. Resident Need for Help with Selected Activities of Daily Living (ADLs) by Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2001

December 31, 2001

| Selected Activities of Daily Living | Age Groups | | | | | Total |
|--|------------|-------|--------|--------|-------|--------|
| | <65 | 65-74 | 75-84 | 85-94 | 95+ | |
| Bed Mobility | | | | | | |
| Independent | 45% | 43% | 41% | 42% | 37% | 42% |
| Needs supervision | 4 | 5 | 5 | 6 | 7 | 6 |
| Needs limited assistance | 12 | 18 | 20 | 21 | 22 | 20 |
| Needs extensive assistance | 18 | 21 | 22 | 21 | 23 | 21 |
| Totally dependent | 21 | 12 | 11 | 10 | 11 | 11 |
| Activity did not occur | <1 | <1 | <1 | <1 | <1 | <1 |
| Total Percent | 100% | 100% | 100% | 100% | 100% | 100% |
| Total Number | 2,897 | 4,269 | 13,086 | 14,722 | 2,458 | 37,432 |
| Transfer | | | | | | |
| Independent | 32% | 30% | 26% | 26% | 20% | 26% |
| Needs supervision | 5 | 6 | 7 | 7 | 7 | 7 |
| Needs limited assistance | 13 | 20 | 23 | 25 | 26 | 23 |
| Needs extensive assistance | 17 | 23 | 25 | 27 | 28 | 25 |
| Totally dependent | 32 | 21 | 19 | 15 | 19 | 19 |
| Activity did not occur | 1 | <1 | <1 | <1 | <1 | <1 |
| Total Percent | 100% | 100% | 100% | 100% | 100% | 100% |
| Toilet Use | | | | | | |
| Independent | 27% | 23% | 19% | 20% | 17% | 20% |
| Needs supervision | 5 | 6 | 6 | 7 | 5 | 6 |
| Needs limited assistance | 14 | 18 | 21 | 21 | 20 | 20 |
| Needs extensive assistance | 17 | 25 | 28 | 30 | 33 | 28 |
| Totally dependent | 35 | 27 | 25 | 22 | 24 | 25 |
| Activity did not occur | 2 | 1 | 1 | 1 | 1 | 1 |
| Total Percent | 100% | 100% | 100% | 100% | 100% | 100% |
| Eating | | | | | | |
| Independent | 48% | 54% | 51% | 52% | 46% | 51% |
| Needs supervision | 18 | 20 | 22 | 23 | 24 | 22 |
| Needs limited assistance | 6 | 7 | 9 | 10 | 12 | 9 |
| Needs extensive assistance | 5 | 7 | 8 | 8 | 9 | 8 |
| Totally dependent | 22 | 12 | 10 | 8 | 9 | 10 |
| Activity did not occur | <1 | <1 | <1 | <1 | <1 | <1 |
| Total Percent | 100% | 100% | 100% | 100% | 100% | 100% |

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 45).

Notes: Residents for whom no information was available were excluded.

Bed mobility = How resident moves to and from lying position, turns side to side, and positions body while in bed.

Transfer = How resident moves between surfaces—to/from bed, chair, wheelchair, standing position. Toilet Use =

How resident uses the toilet room (or commode, bedpan or urinal), transfers on/off toilet, cleanses, changes pad,

manages ostomy or catheter, adjusts clothes. Eating = How resident eats and drinks (regardless of skill), including

intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition).

- Sixteen percent of nursing home residents were independent in all four Activities of Daily Living (ADLs) in 2001, compared to 18 percent in 2000 and 19 percent in 1999 (not shown).
- In 2001, 6 percent of residents were totally dependent in all four ADLs (not shown).
- Twenty-five percent of residents were totally dependent in at least one of the four ADLs in 2001, compared to 26 percent in 2000.

Table 29. Selected Characteristics of Nursing Home Residents by Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2001

| Medicaid-Certified Facilities Only), Wisconsin, December 31, 2001 | | | | | | |
|---|------------|-------|--------|--------|-------|--------|
| Selected Characteristics | Age Groups | | | | | Total |
| | <65 | 65-74 | 75-84 | 85-94 | 95+ | |
| Short-Term Memory | | | | | | |
| Adequate | 47% | 41% | 29% | 24% | 21% | 29% |
| Has problems | 53 | 59 | 71 | 76 | 79 | 71 |
| Total Percent | 100% | 100% | 100% | 100% | 100% | 100% |
| Total Number | 2,833 | 4,256 | 13,064 | 14,711 | 2,455 | 37,319 |
| Long-Term Memory | | | | | | |
| Adequate | 60% | 58% | 50% | 48% | 44% | 51% |
| Has problems | 40 | 42 | 50 | 52 | 56 | 49 |
| Total Percent | 100% | 100% | 100% | 100% | 100% | 100% |
| Total Number | 2,833 | 4,255 | 13,065 | 14,709 | 2,455 | 37,317 |
| Cognitive Skills for Daily Decision-Making | | | | | | |
| Independent | 26% | 28% | 22% | 19% | 17% | 22% |
| Modified independence | 23 | 24 | 23 | 24 | 23 | 24 |
| Moderately impaired | 34 | 33 | 38 | 41 | 43 | 39 |
| Severely impaired | 17 | 15 | 17 | 15 | 17 | 16 |
| Total Percent | 100% | 100% | 100% | 100% | 100% | 100% |
| Total Number | 2,842 | 4,259 | 13,068 | 14,714 | 2,455 | 37,338 |
| Bladder Incontinence | | | | | | |
| Continent | 52% | 45% | 39% | 38% | 32% | 40% |
| Usually continent | 6 | 9 | 8 | 10 | 9 | 9 |
| Occasionally incontinent | 7 | 8 | 9 | 10 | 11 | 9 |
| Frequently incontinent | 12 | 18 | 22 | 23 | 24 | 21 |
| Incontinent all of the time | 24 | 21 | 22 | 20 | 23 | 21 |
| Total Percent | 100% | 100% | 100% | 100% | 100% | 100% |
| Total Number | 2,896 | 4,267 | 13,086 | 14,720 | 2,457 | 37,426 |
| Bowel Incontinence | | | | | | |
| Continent | 55% | 58% | 57% | 59% | 54% | 57% |
| Usually continent | 6 | 9 | 10 | 11 | 12 | 10 |
| Occasionally incontinent | 5 | 6 | 8 | 8 | 8 | 7 |
| Frequently incontinent | 7 | 8 | 9 | 10 | 11 | 9 |
| Incontinent all of the time | 27 | 18 | 17 | 13 | 14 | 16 |
| Total Percent | 100% | 100% | 100% | 100% | 100% | 100% |
| Total Number | 2,897 | 4,267 | 13,086 | 14,719 | 2,457 | 37,426 |

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 45).

Note: Residents for whom no information was available were excluded.

- In 2001, 22 percent of all nursing home residents were “independent” in their cognitive skills for daily decision-making. Conversely, more than half (55 percent) of nursing home residents had moderately or severely impaired cognitive skills.
- Over three-quarters of residents aged 85 and over had a problem with short-term memory, and more than half had a problem with long-term memory.
- Thirty-four percent of residents were continent of both bladder and bowel in 2001, compared to 35 percent in 2000 and 38 percent in 1999 (not shown).
- A higher percentage of residents under age 65 had problems with bowel continence compared to residents over 95.

Table 30. Height and Weight of Nursing Home Residents by Sex and Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2001

| Sex/Age | Mean (in inches) | Standard Deviation | Number of Residents | Range (in inches) |
|----------------|---------------------|-----------------------|------------------------|----------------------|
| Height | | | | |
| Males | | | | |
| <65 years | 68.8 | 3.8 | 1,498 | 48-78 |
| 65-74 years | 68.4 | 3.5 | 1,872 | 43-78 |
| 75-84 years | 68.1 | 3.4 | 4,080 | 43-78 |
| 85-94 years | 67.6 | 3.4 | 3,144 | 42-78 |
| 95+years | 66.9 | 3.3 | 287 | 57-75 |
| All ages | 68.1 | 3.5 | 10,881 | 42-78 |
| Females | | | | |
| <65 years | 63.7 | 3.6 | 1,385 | 46-76 |
| 65-74 years | 63.2 | 3.1 | 2,382 | 42-75 |
| 75-84 years | 62.6 | 3.0 | 8,967 | 43-76 |
| 85-94 years | 62.1 | 3.0 | 11,542 | 43-78 |
| 95+years | 61.7 | 3.2 | 2,164 | 42-71 |
| All ages | 62.4 | 3.1 | 26,440 | 42-78 |
| Sex/Age | Mean (in pounds) | Standard Deviation | Number of Residents | Range (in pounds) |
| Weight | | | | |
| Males | | | | |
| <65 years | 181.0 | 45.7 | 1,496 | 60-374 |
| 65-74 years | 177.1 | 39.1 | 1,872 | 76-356 |
| 75-84 years | 170.7 | 34.3 | 4,088 | 73-358 |
| 85-94 years | 162.2 | 28.4 | 3,148 | 82-279 |
| 95+years | 154.2 | 25.6 | 287 | 97-274 |
| All ages | 170.3 | 35.9 | 10,891 | 60-374 |
| Females | | | | |
| <65 years | 169.0 | 50.9 | 1,381 | 65-374 |
| 65-74 years | 161.5 | 44.0 | 2,375 | 63-356 |
| 75-84 years | 146.0 | 36.1 | 8,977 | 56-371 |
| 85-94 years | 134.5 | 29.7 | 11,542 | 60-322 |
| 95+years | 124.8 | 26.1 | 2,163 | 62-247 |
| All ages | 141.8 | 36.3 | 26,438 | 56-374 |

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 47).

Notes: For purposes of the MDS assessment, the staff member was instructed to measure the resident's weight consistently in accord with standard facility practice (for example, in a.m., after voiding, before meal, with shoes off and in night dress).

Reported values of height below 42 inches and above 78 inches, and weight below 50 pounds and above 375 pounds, were deemed to be reporting errors and excluded from this analysis. Residents without information on sex or age were also excluded.

- “Standard deviation” is a statistical measure of the spread of scores around the mean (average) score. A decline with increasing age in the standard deviation for weight and height indicates that weight and height become less variable at older ages.
- The average weight was 26 percent less for female residents aged 95 and older than for females under age 65. The average weight for male residents aged 95 and older was 15 percent less than for males under age 65.

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MDS 2.0 Data (Tables 28, 29, and 30)

Detailed resident-based data were submitted by 405 Medicare- and Medicaid-certified skilled nursing facilities, intermediate care facilities and institutions for mental diseases. (There were 411 SNFs/ICFs/IMDs in the 2001 Annual Nursing Home Survey, but six of these did not have to report MDS data because they accept only private-pay patients.) These detailed data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by nursing homes to regularly assess each resident's health care needs and status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

In each facility, the Minimum Data Set count of nursing home residents as of the end of 2001 was calculated by using the number of residents assessed in 2001 (using the latest full assessment only), subtracting the facility's number of residents reported as discharged from MDS *discharge* assessments, and then adding the facility's number of residents reported as readmitted from MDS *readmission* assessments during the year. For some facilities, the MDS end-of-year count derived by this method differed from the count of residents on December 31, 2001, which was reported by each facility as an aggregate number of residents on that date.

These discrepancies were chiefly the result of under-reporting discharges and/or readmissions. (Some facilities did not fill in a discharge or readmission tracking form when they discharged or readmitted a patient.) To adjust the overall MDS data set for these discrepancies, each facility's MDS data were examined. When a facility's data showed at least 15 more residents in the MDS count than in the December 31 aggregate survey count, that facility was contacted for feedback on the reasons for the difference.

For those facilities where the MDS count was at least 15 residents higher than the December 31 count from the Annual Survey of Nursing Homes, the names of residents who were in the facility on December 31 were obtained and compared with the facility's MDS listing of residents. If a name was on the MDS list but not on the December 31 list, that name was deleted from the MDS analysis data set.

In facilities where the MDS count was higher than the December 31 count by less than 15 residents, or where the MDS count was lower than the December 31 count, no adjustments to the data set were made.

After the MDS data set was adjusted, the overall effect of under-reporting discharges and readmissions was negligible. The final figure for the total number of skilled-care residents on December 31, 2001, based on the MDS data set, was 37,500, compared to the 37,386 skilled-care residents counted on December 31 for the Annual Survey of Nursing Homes.

Definitions for Levels of Care (Tables 7, 12, 14, 15, 19, 20)

ISN - Intense Skilled Nursing: Care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

SN - Skilled Nursing: Continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

ICF-1, Intermediate Care: Professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illnesses or disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: Simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by, or under the supervision of, a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: Personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: Care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: Residents with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: Residents with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare.

DD2 Care Level: Adults with moderate developmental disabilities who require active treatment with an emphasis on skills training.

DD3 Care Level: Adults with mild developmental disabilities who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Traumatic Brain Injury (TBI): A resident between 15 and 64 years old who has incurred a recent closed or open head injury. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: A resident who is dependent on a ventilator for six or more hours per day for his or her respiratory condition. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

Family Care (Tables 7, 13, 14, 20)

Family Care is a program being piloted in nine Wisconsin counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Kenosha, Marathon, Trempealeau, and Jackson. Family Care serves people with physical disabilities, people with developmental disabilities, and frail elders, with the goals of:

- Giving people better choices about where they live and what kinds of services and support they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective long-term care system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers, designed to be a “one-stop shop” where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.
2. Care management organizations (CMOs), which manage and deliver the new Family Care benefit, which combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual’s needs, circumstances, and preferences.

For details of the services provided by Family Care, please visit:

<http://www.dhfs.state.wi.us/LTCare/Generalinfo/WhatIsFC.htm>

Definitions of Services to Non-Residents (Table 8)

(Definitions provided by staff in the Wisconsin Division of Supportive Services, Bureau on Aging and Long-Term Care Resources)

Home Health Care: Health care services to individuals in their own homes, on a physician’s orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.

Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.

Day Services: Services in day centers to persons with social, behavioural, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.

Respite Care: Services which facilitate or make possible the care of dependants, thereby relieving the usual caregiver of the stress resulting from the continuous support necessary to care for dependent

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individuals. Services are based upon the needs of both the regular caregiver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular caregiver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular caregivers.

Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Services include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.

Congregate Meals: Meals provided to persons in supportive service settings to promote adequate nutrition and socialization. Nutrition education is an integral but subordinate part of this program.

Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.

Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.

Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially-equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.

2001 ANNUAL SURVEY OF NURSING HOMES
(includes definitions)

If Medicaid-certified, the completed Annual Survey of Nursing Homes is due to the Department by February 1 of each year, unless the Department allows a maximum 28-day extension. The Department shall establish and implement policies to withhold payment to a provider, or decrease or freeze payment rates, if a provider does not submit annual survey forms and respond to the Department by the due date. See page 16 for detailed information.

Correct information on the label below if it is inaccurate or incomplete.

| FOR OFFICE USE ONLY | |
|---------------------|--------------------------|
| CERTIFICATION | <input type="checkbox"/> |
| HIGHEST LEVEL | <input type="checkbox"/> |
| BATCH | <input type="checkbox"/> |
| BATCHCOR | <input type="checkbox"/> |

Geographic location of facility (may differ from post office name in mailing address).

(CHECK ONE)

- ☐ 1. City Name of city, village or town _____
- ☐ 2. Village What county is nursing home located in? _____
- ☐ 3. Town _____

NUMBER OF RESIDENTS
IN THE FACILITY ON
DECEMBER 31, 2001

Return the *PINK COPY* of the survey no later than February 1, 2002, to

Bureau of Health Information
Division of Health Care Financing
ATTN: Jane Conner, Rm. 672
P. O. Box 309
Madison, Wisconsin 53701-0309

REPORT ALL DATA FOR A 12-MONTH PERIOD (365 DAYS), JANUARY 1, 2001 THROUGH DECEMBER 31, 2001

Refer to Instructions and Definitions accompanying this form.

A. FACILITY INFORMATION

1. Was this facility in operation for the entire calendar year of 2001? ☐ 1. Yes ☐ 2. No

If no, and operation dates began after January 1, 2001, or ended before December 31, 2001,
list those dates of operation below.

Beginning Date

☐☐ Month ☐☐ Day '01

Ending Date

☐☐ Month ☐☐ Day '01

Days of Operation

☐☐☐

2. CONTROL: Indicate the type of organization that controls the facility and establishes its overall operating policy.

(CHECK ONE)

Governmental

- ☐ 10. City
- ☐ 11. County
- ☐ 12. State
- ☐ 13. Federal
- ☐ 14. City / County
- ☐ 15. Tribal Government

Non-governmental/Not-For-Profit

- ☐ 20. Nonprofit Corporation
- ☐ 21. Nonprofit Church
- ☐ 22. Nonprofit Association
- ☐ 23. Nonprofit Church / Corporation
- ☐ 24. Nonprofit Limited Liability Company
- ☐ 25. Nonprofit Trust
- ☐ 26. Private Nonprofit

Investor-Owned/For Profit

- ☐ 30. Individual
- ☐ 31. Partnership
- ☐ 32. Corporation
- ☐ 33. Limited Liability Company
- ☐ 34. Limited Liability Partnership
- ☐ 35. Trust

3. Has the controlling organization through a contract, placed responsibility for the daily administration of the nursing facility with another organization? ☐ 1. Yes ☐ 2. No

If yes, indicate below the classification code of the contracted organization (for example, 25 for an investor-owned, for-profit corporation, see page 1, item A.2.). (code)

4. Is the facility operated in conjunction with a hospital (e.g., owned, leased or sponsored)? ☐ 1. Yes ☐ 2. No

5. Is the facility operated in conjunction with a community-based residential facility (CBRF)? ☐ 1. Yes ☐ 2. No

6. Is the facility operated in conjunction with a residential care apartment complex (RCAC)? ☐ 1. Yes ☐ 2. No

7. Is the facility operated in conjunction with housing for the elderly, or similar organization? ☐ 1. Yes ☐ 2. No

8. Is the facility operated in conjunction with a home health agency? ☐ 1. Yes ☐ 2. No

9. Is the facility certified as a Medicaid facility (Title 19)? ☐ 1. Yes ☐ 2. No

10. Is all or part of the facility certified for Medicare (Title 18)? ☐ 1. Yes ☐ 2. No

If yes, indicate the number of Medicare-certified beds _____

11. Is the facility accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing long term care? ☐ 1. Yes ☐ 2. No

12. Does the facility have a contract with an HMO for providing services? ☐ 1. Yes ☐ 2. No

13. Does the facility have a locked unit? ☐ 1. Yes ☐ 2. No

If yes, how many beds? _____

14. Does the facility utilize formal wandering precautions, e.g., Wanderguard Systems / bracelets? ☐ 1. Yes ☐ 2. No

If yes, how many of the residents in the facility on December 31, 2001, were monitored? _____

B. SERVICES

1. Does the facility offer services to **non-residents**? ☐ 1. Yes ☐ 2. No

If yes, check which services the facility provides to non-residents (see definitions).

☐ a. Home Health Care (Licensed home health, HFS 133)

☐ g. Adult Day Health Care

☐ b. Supportive Home Care/Personal Care

☐ h. Congregate Meals

☐ c. Supportive Home Care/Household Services

☐ 1. In community setting?

☐ 2. In nursing home setting?

☐ d. Day Services

☐ i. Home Delivered Meals

☐ 1. In community setting?

☐ 2. In nursing home setting?

☐ j. Referral Services

☐ e. Respite Care

☐ k. Other meals (Includes Jail, Adult Day Care, etc.)

☐ 1. In home setting?

☐ 2. In nursing home setting?

☐ l. Transportation

☐ f. Adult Day Care

☐ m. Other (*specify*) _____

☐ 1. In community setting?

☐ 2. In nursing home setting?

2. Does the facility plan to add other services to **non-residents** in the future? ☐ 1. Yes ☐ 2. No

If yes, specify service(s) to be provided. _____

3. Does the facility currently use a unit-dose drug delivery system? ☐ 1. Yes ☐ 2. No

4. Does the facility have an in-house pharmacy? ☐ 1. Yes ☐ 2. No

5. Does the facility have a policy to allow self-administration of medications by residents? ☐ 1. Yes ☐ 2. No

6. Does the facility currently have residents who are self-administering prescription drugs? ☐ 1. Yes ☐ 2. No

7. Does the facility offer hospice services to residents? ☐ 1. Yes ☐ 2. No

If yes, how many residents were in a hospice program under contract with an approved

hospice provider on 12/31/01?

8. Does the facility offer hospice services to **non-residents**? ☐ 1. Yes ☐ 2. No

If yes, how many **non-residents** were in a hospice program under contract with an approved

hospice provider on 12/31/01?

9. Does the facility offer specialized Alzheimer's support group services to **non-residents**? ☐ 1. Yes ☐ 2. No

10. Does the facility have a specialized unit dedicated to care for residents with Alzheimer's? ☐ 1. Yes ☐ 2. No

- a. If yes, is the unit locked? (*Leave blank if no unit.*) ☐ 1. Yes ☐ 2. No

- b. Number of beds in unit?

11. Does the facility utilize day programming for mentally ill residents? ☐ 1. Yes ☐ 2. No

If yes, is the specific program

(check all that apply)

- ☐ a. In-house?
- ☐ b. Referral to sheltered work?
- ☐ c. Community-based supported work?
- ☐ d. Facility-based day service?
- ☐ e. Referral to community-based day service?
- ☐ f. Other (specify) _____

12. Does the facility utilize day programming for developmentally disabled residents? ☐ 1. Yes ☐ 2. No

If yes, is the specific program

(check all that apply)

- ☐ a. In-house?
- ☐ b. Referral to sheltered work?
- ☐ c. Community-based supported work?
- ☐ d. Facility-based day service?
- ☐ e. Referral to community-based day service?
- ☐ f. Other (specify) _____

C. UTILIZATION INFORMATION

1. Number of beds set up and staffed at end of reporting period (ending December 31, 2001) _____

2. **TOTAL** licensed bed capacity (as of December 31, 2001) _____

3. If the numbers reported in C.1. and C.2. are different, indicate by checking the box(es) below, the reason(s) for this difference and the number of beds affected.

☐ a. Semi-private rooms converted to private rooms.
Number of beds _____

☐ e. Beds temporarily not meeting HFS 132 code.
Number of beds _____

☐ b. Rooms converted for administrative purposes.
Number of beds _____

☐ f. Banked beds.
Number of beds _____

☐ c. Beds out-of-service due to renovation or remodeling (Not HFS 132 related).
Number of beds _____

☐ g. Other (specify) _____

☐ d. Rooms converted for resident program (treatment) purposes.
Number of beds _____

Number of beds _____

4. Does the facility anticipate any bed reduction in the forthcoming year? ☐ 1. Yes ☐ 2. No

If yes, by how many beds? _____

D. RESIDENT INFORMATION

1. Level of Care and Method of Reimbursement on DECEMBER 31, 2001

Place the per diem rate in the appropriate boxes. If per diem rates vary in any category (for example, private room vs. semi-private room), **report an average** per diem rate. For **Medicare**, an "average rate" needs to be provided based on the PPS rates in effect for the Medicare residents in the facility on 12/31/01.

IF APPLICABLE, PROVIDE PER DIEM RATES IN ALL CATEGORIES.

DO NOT WRITE IN SHADED AREA

| LEVEL OF CARE | METHOD OF REIMBURSEMENT | | | | | |
|---|---|---|--|------------------------------|------------------------------|-------------------------------|
| | Medicare (Title 18) Per Diem Rate | Medicaid (Title 19) Per Diem Rate | Other Government * Per Diem Rate | Private Pay Per Diem Rate | Family Care Per Diem Rate | Managed Care Per Diem Rate |
| ISN Intensive Skilled Care | \$ | \$ | \$ | \$ | \$ | \$ |
| SNF Skilled Care | \$ | \$ | \$ | \$ | \$ | \$ |
| ICF-1 Intermediate Care | | \$ | \$ | \$ | \$ | \$ |
| ICF-2 Limited Care | | \$ | \$ | \$ | \$ | \$ |
| ICF-3 Personal Care | | \$ | \$ | \$ | \$ | \$ |
| ICF-4 Residential Care | | \$ | \$ | \$ | \$ | \$ |
| DD1A Developmental Disabilities | | \$ | \$ | \$ | \$ | \$ |
| DD1B Developmental Disabilities | | \$ | \$ | \$ | \$ | \$ |
| DD2 Developmental Disabilities | | \$ | \$ | \$ | \$ | \$ |
| DD3 Developmental Disabilities | | \$ | \$ | \$ | \$ | \$ |
| TBI Traumatic Brain Injury | \$ | \$ | \$ | \$ | \$ | \$ |
| Ventilator Dependent (See Definition) | \$ | \$ | \$ | \$ | \$ | \$ |

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

2. Inpatient Days by Age

- Number of inpatient days of service rendered to all residents UNDER AGE 65 in the facility during the reporting period
- Number of inpatient days of service rendered to all residents AGE 65 AND OVER in the facility during the reporting period
- TOTAL** inpatient days of service rendered (include all paid days), to ALL residents in the facility during the reporting period (January 1, 2001, to December 31, 2001), **(2.a + b = c)**
- Average Daily Census (total inpatient days, *line c*, divided by the days of operation, 365 days, or as reported on page 1, item A.1.)

(Round to the nearest whole number.)

E. PERSONNEL

1. Number of personnel employed by the facility. Enter all personnel on the payroll **and** consultant and/or contracted staff providing service for the **FIRST FULL TWO-WEEK PAY PERIOD IN DECEMBER**. Each person should be counted only once, in a respective work category. **INCLUDE IN-HOUSE POOL STAFF.** Note any special circumstances at the bottom of the page. If the facility is hospital-based, or operates with a community-based residential facility, include only those personnel (full-time, part-time and part-time hours) providing services to the residents of the nursing facility.

*Note: Part-time hours recorded **MUST** reflect the total number of part-time hours worked by all part-time personnel in the category for those two weeks. For example, if 2 physical therapists each worked 10 hours, there would be 20 part-time hours. DO NOT include "contract staff" hours in the part-time hours column.*

ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. DO NOT USE DECIMALS.

| EMPLOYEE CATEGORY | Full-time Persons | Part-time Persons | | Consultant and/or Contracted Staff (No. of Persons) |
|--|----------------------|-------------------|-------|---|
| | | Personnel | Hours | |
| 1. Administrator | | | | |
| 2. Assistant Administrators | | | | |
| 3. Physicians (except Psychiatrists) | | | | |
| 4. Psychiatrists | | | | |
| 5. Dentists | | | | |
| 6. Pharmacists | | | | |
| 7. Psychologists | | | | |
| 8. Registered Nurses | | | | |
| 9. Licensed Practical Nurses | | | | |
| 10. Nursing Assistants/Aides | | | | |
| 11. Certified Medication Aides | | | | |
| 12. Activity Directors and Staff | | | | |
| 13. Registered Physical Therapists | | | | |
| 14. Physical Therapy Assistants/Aides | | | | |
| 15. Registered Occupational Therapists | | | | |
| 16. Occupational Therapy Assistants/Aides | | | | |
| 17. Recreational Therapists | | | | |
| 18. Restorative Speech Personnel Staff | | | | |
| 19. Certified Alcohol and Other Drug Abuse (AODA) Counselor(s) | | | | |
| 20. Qualified Mental Retardation Professional (QMRP) Staff | | | | |
| 21. Qualified Mental Health Professional Staff | | | | |
| 22. Dietitians and Dietetic Technicians | | | | |
| 23. Other Food Service Personnel Staff | | | | |
| 24. Medical Social Workers | | | | |
| 25. Other Social Workers | | | | |
| 26. Registered Medical Records Administrator(s) | | | | |
| 27. Other Medical Records Staff | | | | |
| 28. All Other Health Professional and Technical Personnel | | | | |
| 29. Other Non-health Professional and Non-technical Personnel (e.g., Secretarial, Office Staff, Single Task Worker, etc.) | | | | |
| 30. TOTAL (sum of lines 1 – 29) | | | | |

Number of hours in work week?
(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

ACCORDING TO S. 50.095(3)(b), WIS. STATS., SECTIONS E.2 & E.3 ARE *REQUIRED* TO BE COMPLETED.

- | DURATION OF SERVICE | Registered Nurses | | Licensed Practical Nurses | | Nursing Assistants/Aides | |
|---------------------------------|-------------------|-----------|---------------------------|-----------|--------------------------|-----------|
| | Full-Time | Part-Time | Full-Time | Part-Time | Full-Time | Part-Time |
| Hired in 2001 | | | | | | |
| a. Less than 6 Months | | | | | | |
| b. 6 Months to less than 1 Year | | | | | | |
| Hired Prior to 2001 | | | | | | |
| c. 1 Year or more | | | | | | |
| Total (a + b + c) | | | | | | |

(NOTE: FACILITIES FOR THE DEVELOPMENTALLY DISABLED DO NOT NEED TO COMPLETE QUESTION 4.)

- Enter as a 3, 4, or 5 digit number, e.g., 8.00, 15.25 or 125.75.**

(Use the dates of 12/2/01 – 12/15/01 if possible, otherwise, use the first full two-week pay period in December.)

[illegible]

F. LENGTH OF STAY FOR RESIDENTS ON DECEMBER 31, 2001

Of the total residents in the facility on December 31, 2001, how many have resided in the facility

1. Less than 100 days? _____
2. 100 days to 180 days? _____
3. 181 days to 365 days? _____
4. Less than 1 year **subtotal (F1 + F2 +F3)** _____ *
5. 1 Year to less than 2 Years? _____
6. 2 Years to less than 3 Years? _____
7. 3 Years to less than 4 Years? _____
8. 4 Years or more? _____
9. **TOTAL (F4+F5+F6+F7+F8)** _____ **

* **SUBTOTAL MUST** equal the total on Page 14, 6th column.

** **TOTAL MUST** equal the total on Page 10, line 4.

G. SUBACUTE CARE

1. Does the facility have a specialized unit dedicated for residents receiving subacute care? ☐ 1. Yes ☐ 2. No
 - a. If yes, number of beds in unit? _____
 - b. On December 31, 2001, how many residents were in that unit and receiving subacute care? _____
 - c. Is this unit accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing subacute care to your residents? ☐ 1. Yes ☐ 2. No

H. FAMILY COUNCIL

(See State Operations Manual, F25).

1. Does the facility currently have an organized group of family members of residents? ☐ 1. Yes ☐ 2. No

If yes, how often does the council meet?

(check only one)

- ☐ 1. Once a week
- ☐ 2. Once a month
- ☐ 3. Once in three months
- ☐ 4. Less than quarterly
- ☐ 5. As often as needed
- ☐ 6. Other (specify) _____

I. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2001

For each level of care and payer, indicate the number of residents in the facility **ON DECEMBER 31, 2001**, in the appropriate boxes.

DO NOT WRITE IN SHADED AREA

| LEVEL OF CARE | PRIMARY PAY SOURCE | | | | | | TOTAL |
|------------------------|------------------------|------------------------|----------------------|-------------|-------------|-----------------|-------|
| | Medicare (Title 18) | Medicaid (Title 19) | Other Government* | Private Pay | Family Care | Managed Care | |
| ISN | | | | | | | |
| SNF | | | | | | | |
| ICF-1 | | | | | | | |
| ICF-2 | | | | | | | |
| ICF-3 | | | | | | | |
| ICF-4 | | | | | | | |
| DD1A | | | | | | | |
| DD1B | | | | | | | |
| DD2 | | | | | | | |
| DD3 | | | | | | | |
| Traumatic Brain Injury | | | | | | | |
| Ventilator Dependent | | | | | | | |
| TOTAL | | ** | | | | | *** |

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

** TOTAL **MUST** equal the total Medicaid Eligible, in the following table.

*** TOTAL **MUST** equal the total on Page 10, line 4.

Note: If residents are listed in any category, provide the corresponding rate on Page 5, #1.

J. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2001

Of the total Medicaid residents in the facility on December 31, 2001, how many became eligible as Medicaid recipients

1. At the time of admission?
2. Within 1-30 days after admission?
3. Within 31 days to 1 year after admission?
4. More than 1 year after admission?
5. Unknown?
6. **TOTAL (J1+J2+J3+J4+J5)**

| Males | Females | TOTAL |
|-------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | * |

* TOTAL **MUST** equal the total Medicaid residents in the above table.

K. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2000
(As reported on the 2000 survey, Page 11, Line 4.)

2. Admissions during the year from

- a. Private home/apartment with no home health services
- b. Private home/apartment with home health services
- c. Board and care/assisted living/group home
- d. Nursing home
- e. Acute care hospital
- f. Psychiatric hospital, MR/DD facility
- g. Rehabilitation hospital
- h. Other
- i. **Total Admissions** (sum of lines 2.a through 2.h)

3. Discharges during the year to

- a. Private home/apartment with no home health services
- b. Private home/apartment with home health services
- c. Board and care/assisted living/group home
- d. Nursing home
- e. Acute care hospital
- f. Psychiatric hospital, MR/DD facility
- g. Rehabilitation hospital
- h. Deceased
- i. Other
- j. **Total Discharges** (include deaths) (sum of lines 3.a through 3.i)

4. **Persons in the facility on December 31, 2001**

*Note: (Line 1, plus line 2.i, minus line 3.j, **MUST** equal the number reported on line 4.) Ensure that the total on line 4 is consistent with December 31, 2001, totals elsewhere on the survey.*

L. RESIDENT ADMISSIONS

1. Level of Care and Primary Pay Source at Admission. Indicate the level of care and primary pay source **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2001**.

DO NOT WRITE IN SHADED AREA

| LEVEL OF CARE | PRIMARY PAY SOURCE OF RESIDENTS ADMITTED DURING THE YEAR | | | | | | TOTAL |
|------------------------|--|------------------------|----------------------|-------------|-------------|-----------------|-------|
| | Medicare (Title 18) | Medicaid (Title 19) | Other Government* | Private Pay | Family Care | Managed Care | |
| ISN | | | | | | | |
| SNF | | | | | | | |
| ICF-1 | | | | | | | |
| ICF-2 | | | | | | | |
| ICF-3 | | | | | | | |
| ICF-4 | | | | | | | |
| DD1A | | | | | | | |
| DD1B | | | | | | | |
| DD2 | | | | | | | |
| DD3 | | | | | | | |
| Traumatic Brain Injury | | | | | | | |
| Ventilator Dependent | | | | | | | |
| TOTAL | | | | | | | ** |

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

** TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the following table.

2. Level of Care and Age. Indicate the level of care and age of residents **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2001**.

| LEVEL OF CARE | AGE OF RESIDENTS ADMITTED DURING THE YEAR | | | | | | | TOTAL |
|------------------------|---|-------|-------|-------|-------|-------|-----|-------|
| | 19 & Under | 20-54 | 55-64 | 65-74 | 75-84 | 85-94 | 95+ | |
| ISN | | | | | | | | |
| SNF | | | | | | | | |
| ICF-1 | | | | | | | | |
| ICF-2 | | | | | | | | |
| ICF-3 | | | | | | | | |
| ICF-4 | | | | | | | | |
| DD1A | | | | | | | | |
| DD1B | | | | | | | | |
| DD2 | | | | | | | | |
| DD3 | | | | | | | | |
| Traumatic Brain Injury | | | | | | | | |
| Ventilator Dependent | | | | | | | | |
| TOTAL | | | | | | | | * |

* TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the above table.

M. AGE AND PRIMARY DISABLING DIAGNOSIS FOR RESIDENTS ON DECEMBER 31, 2001

Each resident in the facility must be recorded **ONLY ONCE** in the category that best explains why he / she is in the facility.
The corresponding International Classification of Diseases code is listed after each diagnosis category.

| PRIMARY DISABLING DIAGNOSIS (ICD-9 Code) | AGE GROUP | | | | | | | |
|---|------------|-------|-------|-------|-------|-------|-----|-------|
| | 19 & Under | 20-54 | 55-64 | 65-74 | 75-84 | 85-94 | 95+ | TOTAL |
| Developmental Disabilities | | | | | | | | |
| Mental Retardation (317-319) | | | | | | | | |
| Cerebral Palsy (343) | | | | | | | | |
| Epilepsy (345) | | | | | | | | |
| Autism (299) | | | | | | | | |
| Multiple Developmental Disabilities | | | | | | | | |
| Other Developmental Disabilities* | | | | | | | | |
| Mental Disorders | | | | | | | | |
| Alzheimer's Disease (331.0, 290.1) | | | | | | | | |
| Other Organic/Psychotic (290-294) | | | | | | | | |
| Organic/Non-psychotic (310) | | | | | | | | |
| Non-organic/Psychotic (295-298) | | | | | | | | |
| Non-organic/Non-psychotic (300-302, 306-309, 311-314, 316) | | | | | | | | |
| Other Mental Disorders (315) | | | | | | | | |
| Physical Disabilities | | | | | | | | |
| Paraplegic (344.1-344.9) | | | | | | | | |
| Quadriplegic (344) | | | | | | | | |
| Hemiplegic (342) | | | | | | | | |
| Medical Conditions | | | | | | | | |
| Cancer (140-239) | | | | | | | | |
| Fractures (800-839) | | | | | | | | |
| Cardiovascular (390-429, 439-459) | | | | | | | | |
| Cerebrovascular (430-438) | | | | | | | | |
| Diabetes (250) | | | | | | | | |
| Respiratory (460-519) | | | | | | | | |
| Alcohol & Other Drug Abuse (303-305) | | | | | | | | |
| Other Medical Conditions** | | | | | | | | |
| TOTAL | | | | | | | | *** |

* Specify the **"Other Developmental Disabilities"** on a separate sheet of paper, or at the bottom of this page.

** Specify the **"Other Medical Conditions"** on a separate sheet of paper, or at the bottom of this page.

*** TOTAL **MUST** equal the total on Page 10, line 4.

If a resident is listed in any DD category, but is not shown at a DD Level of Care for their Primary Pay Source on Page 9, I, note the reason at the bottom of this page (e.g., the resident does not require active treatment, (N.A.T.), etc.).

Note: Ensure that the column totals in this table equal the row totals on Page 13, N.

N. AGE AND SEX OF RESIDENTS ON DECEMBER 31, 2001

| Age | Males | Females | TOTAL |
|--------------|-------|---------|-------|
| 19 & under | | | |
| 20-54 | | | |
| 55-64 | | | |
| 65-74 | | | |
| 75-84 | | | |
| 85-94 | | | |
| 95+ | | | |
| TOTAL | | | * |

* **TOTAL MUST** equal the total on Page 10, line 4.

Note: Ensure that the row totals in this table equal the column totals on Page 12.

O. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS ON DECEMBER 31, 2001

Indicate the number of residents on December 31, 2001, who have the following conditions and/or receive the following services or activities. Residents will be counted in each applicable category. Staff most familiar with resident's care and needs should complete this section (e.g., ward or unit nurse). The following items correspond to items in "Resident Census and Conditions of Residents," Form HCFA 672 (10-98).

| Activities of Daily Living | Independent | Assistance of One or Two Staff | Dependent | TOTAL |
|----------------------------|-------------|--------------------------------|-----------|-------|
| Bathing | | | | * |
| Dressing | | | | * |
| Transferring | | | | * |
| Toilet Use | | | | * |
| Eating | | | | * |

* **TOTAL MUST** equal the total on Page 10, line 4.

| Bowel/Bladder Status | Number of Residents | Special Care | Number of Residents |
|---|---------------------|--------------------------------------|---------------------|
| With indwelling or external catheter | | Receiving respiratory treatment | |
| Occasionally or frequently incontinent of bladder | | Receiving tracheostomy care | |
| Occasionally or frequently incontinent of bowel | | Receiving ostomy care | |
| | | Receiving suctioning | |
| Mobility | | Receiving tube feedings | |
| Physically restrained | | Receiving mechanically altered diets | |
| Skin Integrity | | Medications | |
| With pressure sores (excludes Stage 1) | | Receiving psychoactive medication | |
| With rashes | | Other | |
| | | With advance directives | |

P. COUNTY OF RESIDENCE PRIOR TO ADMISSION: Information on this page is used by the Department of Health and Family Services to calculate county-specific nursing home bed needs and to recommend to the Legislature any changes in nursing home bed needs pursuant to s. 150.31, Wis. Stats.

In the first column, report the county of last private residence prior to entering any nursing home for all residents as of December 31, 2001. In the second column, report the number of residents admitted during 2001 and still residing in the nursing home on December 31, 2001. If the resident did not reside in Wisconsin, report the state of last private residence. **The number of residents reported in the second column CANNOT exceed the number reported in the first column.**

| COUNTY | Number of residents on Dec. 31, 2001 | Number admitted in 2001 and still a resident on Dec. 31 | COUNTY | Number of residents on Dec. 31, 2001 | Number admitted in 2001 and still a resident on Dec. 31 |
|-------------|--------------------------------------|---|---|--------------------------------------|---|
| Adams | | | Monroe | | |
| Ashland | | | Oconto | | |
| Barron | | | Oneida | | |
| Bayfield | | | Outagamie | | |
| Brown | | | Ozaukee | | |
| Buffalo | | | Pepin | | |
| Burnett | | | Pierce | | |
| Calumet | | | Polk | | |
| Chippewa | | | Portage | | |
| Clark | | | Price | | |
| Columbia | | | Racine | | |
| Crawford | | | Richland | | |
| Dane | | | Rock | | |
| Dodge | | | Rusk | | |
| Door | | | St. Croix | | |
| Douglas | | | Sauk | | |
| Dunn | | | Sawyer | | |
| Eau Claire | | | Shawano | | |
| Florence | | | Sheboygan | | |
| Fond du Lac | | | Taylor | | |
| Forest | | | Trempealeau | | |
| Grant | | | Vernon | | |
| Green | | | Vilas | | |
| Green Lake | | | Walworth | | |
| Iowa | | | Washburn | | |
| Iron | | | Washington | | |
| Jackson | | | Waukesha | | |
| Jefferson | | | Waupaca | | |
| Juneau | | | Waushara | | |
| Kenosha | | | Winnebago | | |
| Kewaunee | | | Wood | | |
| LaCrosse | | | LEGAL RESIDENCE OTHER THAN WISCONSIN | | |
| Lafayette | | | Illinois | | |
| Langlade | | | Iowa | | |
| Lincoln | | | Michigan | | |
| Manitowoc | | | Minnesota | | |
| Marathon | | | Other | | |
| Marinette | | | TOTAL | * | ** |
| Marquette | | | <i>* TOTAL MUST equal the total on Page 10, line 4. ** TOTAL MUST equal Page 8, line 4.</i> | | |
| Menominee | | | | | |
| Milwaukee | | | | | |

Q. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2001

1. Of the residents on December 31, 2001, how many were placed under Chapter 51?
2. Of the residents on December 31, 2001, how many had a court-appointed guardian?
3. Of the adult residents on December 31, 2001, how many were protectively placed by court order under the Protective Services Act (Chapter 55, Wis. Stats.)?
4. Of the residents on December 31, 2001, how many had an **activated** power of attorney for health care?
5. Of the residents on December 31, 2001, how many have ever received PASARR Level II Screenings?
6. Of the residents identified in question 5, how many were determined to need special services for developmental disabilities?
7. Of the residents identified in question 5, how many were determined to need special services for mental illness?

Person responsible for completing this form
(This is who will be contacted if further information is required.)

Contact person's telephone number EXT:

Area Code / Fax Number

Email Address

If you are the contact person for *another* nursing home, list the name and city of that facility below.

.....
.....

Area Code / Telephone Number
(This number will be published in the Nursing Home Directory.)

Does the facility have Internet access? ☐ 1. Yes ☐ 2. No

I certify that I have reviewed the information reported in this document for accuracy and the information is true and correct.

Name of Administrator (**type or print**)

SIGNATURE - Administrator

Date signed

| FOR OFFICE USE ONLY | | | |
|---------------------|----------------------|----------------------|----------------------|
| COUNTY | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| POPID | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| BQADISTR | <input type="text"/> | <input type="text"/> | |

2001 ANNUAL SURVEY OF NURSING HOMES
INSTRUCTIONS AND DEFINITIONS

General Instructions

1. Facilities that do not meet the requirements of Section 1.173 of the Medicaid Nursing Home Methods of Payment will have payment rates reduced according to the following schedule:

25% for cost reports, occupied bed assessments and/or annual surveys between 1 and 30 days overdue.
50% for cost reports, occupied bed assessments and/or annual surveys between 31 and 60 days overdue.
75% for cost reports, occupied bed assessments and/or annual surveys between 61 and 90 days overdue.
100% for cost reports, occupied bed assessments and/or annual surveys more than 90 days overdue.

The number of days overdue shall be measured from the original due date, without extension, of the cost report, occupied bed assessment and/or nursing home survey. The rates will be retroactively restored once the cost report, occupied bed assessment and/or nursing home survey is submitted to the Department.

2. Report all data for a 12-month period, ending December 31, 2001, regardless of changes in admission, ownership licensure, etc.
3. All resident utilization data (inpatient days, resident counts, etc.) MUST reflect residents to whom beds are assigned even if they are on a temporary visit home.
4. Do not include as an admission or a discharge, a resident for whom a bed is held because of a temporary visit home.
5. Notation of resident count consistency checks appear throughout the survey. Differences found may require a follow-up phone call.
6. If answers cannot be typed, print the answers legibly.

Definitions for Specific Sections

B. SERVICES

1. Services to non-residents: Check the box for each service provided by the facility to persons who are not residents of the facility.
 - a. Home Health Care: Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.
 - b,c Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.
 - d. Day Services: Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.
 - e. Respite Care: Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular caregiver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.
 - f,g Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Benefits include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.
 - h. Congregate Meals: Meals provided to persons in supportive service settings in order to promote socialization, as well as adequate nutrition. Nutrition education is an integral but subordinate part of this program.

- i. Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.
 - j. Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.
 - l. Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.
8. Hospice services to non-residents: Focuses on dying at home as an alternative to aggressive medical care in a hospital. It helps the resident and the resident's family cope with dying by offering support services.

C. UTILIZATION INFORMATION

- 1. Beds Set Up and Staffed: Report the number of beds which are immediately available for occupancy and for which staff have been allocated.
- 2. Licensed Bed Capacity: Report the number of beds for which license application has been made and granted by the Division of Supportive Living.

D. RESIDENT INFORMATION

- 1. Level of Care and Method of Reimbursement: Complete the table by reporting the per diem rate in the appropriate level of care and payer box. If per diem rates vary for residents at the same level of care and pay source, report an average per diem rate.

Managed Care: Managed care is a type of health insurance plan. It generally charges a per person month premium regardless of the amount of care provided. They may also have certain co-payments and deductibles that members may have to pay. Generally, the managed care program assumes the risk for any services that they authorize for a given enrollee. All care and services are generally provided by providers that work or are under contract to the managed care organization.

ISN - Intensive Skilled Nursing Care: ISN is defined as care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

SNF - Skilled Nursing Care: SNF is defined as continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

ICF-1, Intermediate Care: ICF-1 is defined as professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illness or disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: ICF-2 is defined as simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by or under the supervision of a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: ICF-3 is defined as personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: ICF-4 is defined as care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: DD1A care level is defined as all developmentally disabled residents who require active treatment whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: DD1B care level is defined as all developmentally disabled residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward self or others which may be dangerous to health or welfare.

DD2 Care Level: DD2 care level is defined as moderately retarded adults requiring active treatment with an emphasis on skills training.

DD3 Care Level: DD3 care level is defined as mildly retarded adults requiring active treatment with and emphasis on refinement of social skills and attainment of domestic and vocational skills.

Traumatic Brain Injury (TBI): Resident in the age group of 15-64 years, who has incurred a recent closed or open head injury with or without injury to other body regions. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: Resident who is dependent on a ventilator for 6 or more hours per day for his or her respiratory condition. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

E. PERSONNEL

1. For each category on Page 6, report the number of full-time, part-time and contracted staff. In the hours column, **report hours for part-time staff only**, for the first full two-week pay period in December. If the facility operates with a hospital, prorate staff and hours for the nursing home unit. Staff, hours and consultants **MUST** be rounded to the nearest whole number.
4. Direct Care: Nursing and personal care provided by a Director of Nursing, Assistant Director of Nursing, Registered Nurse, Licensed Practical Nurse or a Nurse Aide to meet a resident's needs.

Registered Nurse: A nurse who is licensed under s. 441.06 or has a temporary permit under s. 441.08. [s. 50.01(5r), Wis. Stats.].

Licensed Practical Nurse: A nurse who is licensed under s. 441.10 or has a temporary permit under s. 441.10(e), [s. 50.01(1w), Wis. Stats.].

Nurse Aide: A person on the Nurse Aide Directory who performs routine direct patient care duties delegated by a RN or LPN. In federally-certified facilities, Nurse Aides must not have a substantiated finding, and must have worked in a health care setting under RN or LPN supervision for a minimum of 8 hours in the prior 24 months.

Other Direct Care Nurse Aide: A person on the Nurse Aide Directory who works primarily under a different job title. Their hours are counted for state staffing requirements only when providing direct resident care.

G. SUBACUTE CARE

1. A comprehensive inpatient program designed for the individual who has had an acute event as a result of an illness, injury, or exacerbation of a disease process; has a determined course of treatment; and does not require intensive diagnostic and/or invasive procedures.

H. FAMILY COUNCIL

- 1a. *Active* is defined as if the facility currently has an organized group of family members of residents, i.e., a group(s) that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; to support each other; to plan resident and family activities; to participate in educational activities or for any other purpose.

I. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2001

See RESIDENT INFORMATION, pages 17 & 18, for definitions of DD levels.

J. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2001

Report the number of Medicaid residents, in the facility on December 31, 2001. Entries made here **MUST** reflect the correct period of time during which the resident became eligible for Medicaid coverage.

K. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2000: Report residents on December 31st, 2000, (rather than January 1st, 2001), in order to eliminate discrepancies in this one-day count of residents. The December 31st, 2000 count **MUST** include residents admitted and discharged up until midnight and **MUST** match the figure reported on the 2000 Annual Survey of Nursing Homes, Page 11, line 4.
2. Admissions: Number of residents formally admitted for inpatient services during the calendar year. Do not include persons returning to the facility from a temporary visit home (see LTC RAI User's Manual, Page 3-2), or hospital stay when return to the nursing facility is expected. If an individual was formally admitted more than once during the calendar year, count each occurrence as a separate admission.
3. Discharges: Number of residents formally discharged from inpatient services during the calendar year. This includes discontinuation of inpatient service that would require a new admission to return to the facility. Do not include persons on a temporary visit home (see LTC RAI User's Manual, Page 3-2). If an individual was formally discharged, more than once during the calendar year, count each occurrence as a separate discharge.

L. RESIDENT ADMISSIONS

1. Level of Care and Primary Pay Source at Admission: Report the number of residents who were admitted during 2001. Entries made here **MUST** be the resident's level of care and primary pay source at the time of admission.
2. Level of Care and Age: Report the number of residents who were admitted during 2001. Entries made here **MUST** be the resident's level of care and age at the time of admission.

M. AGE AND PRIMARY DISABLING DIAGNOSIS

Report the age and primary disabling diagnosis for residents in the facility on December 31, 2001. Count each resident only once.

Primary Disabling Diagnosis Definitions

DEVELOPMENTAL DISABILITIES: Disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or another condition closely related to mental retardation or requiring treatment similar to that required by mentally retarded individuals, which has continued or can be expected to continue indefinitely, substantially impairs the individual from adequately providing for his/her own care and custody, and constitutes a substantial handicap to the afflicted individual.

Mental Retardation (ICD-9 317-319): Subnormal general intellectual development, originating during the developmental period, and associated with impairment of learning, social adjustment and/or maturation. The disorder is classified according to intelligence quotient as follows:

| | |
|-----------|------------|
| 68-83: | borderline |
| 52-67: | mild |
| 36-51: | moderate |
| 20-35: | severe |
| under 20: | profound |

Cerebral Palsy (ICD-9 343): A persisting qualitative motor disorder appearing before the age of three years due to non-progressive damage to the brain.

Epilepsy (ICD-9 345): Paroxysmal, transient disturbances of brain function that may be manifested as episodic impairment or loss of consciousness, abnormal motor phenomena, psychic or sensory disturbances, or perturbation of the autonomic nervous system. Four subdivisions are recognized:

- Grand Mal
- Petit Mal
- Psychomotor Epilepsy
- Autonomic Epilepsy

Autism (ICD-9 299): Condition of being dominated by subjective, self-centered trends of thought or behavior that are not subject to correction by external information.

Multiple Developmental Disabilities: Combination of more than one of the above.

Other Developmental Disabilities: Any residual developmental disabilities and Dyslexia (an inability to read understandingly due to a central lesion).

MENTAL DISORDERS:

ICD-9 331, 290.1-Alzheimer's Disease

Organic/Psychotic ICD-9 290-Senile dementia (excluding 290.1)
ICD-9 291-Alcoholic psychoses
ICD-9 292-Drug psychoses
ICD-9 293-Transient organic psychotic conditions
ICD-9 294-Other organic psychotic conditions (chronic)

Organic/
Non-psychotic ICD-9 310-Specific non-psychotic mental disorders due to organic brain damage

Non-organic/
Psychotic ICD-9 295-Schizophrenic disorders
ICD-9 296-Affective psychoses
ICD-9 297-Paranoid states
ICD-9 298-Other non-organic psychoses

Non-organic/
Non-psychotic ICD-9 300-Neurotic disorders
ICD-9 301-Personality disorders
ICD-9 302-Sexual deviations and disorders
ICD-9 306-Physiological malfunction arising from mental factors
ICD-9 307-Special symptoms or syndromes, not elsewhere classified
ICD-9 308-Acute reaction to stress
ICD-9 309-Adjustment reaction
ICD-9 311-Depressive disorder, not elsewhere classified
ICD-9 312-Disturbance of conduct, not elsewhere classified
ICD-9 313-Disturbance of emotions specific to childhood and adolescence
ICD-9 314-Hyperkinetic syndrome of childhood
ICD-9 316-Psychic factors associated with diseases classified elsewhere

Other Mental
Disorders ICD-9 315-Specific delays in development

PHYSICAL DISABILITIES:

Paraplegic (ICD-9 344.1-344.9): A person with motor and sensory paralysis of the entire lower half of the body.

Quadriplegic (ICD-9 344.0): A person totally paralyzed from the neck down.

Hemiplegic (ICD-9 342): A person paralyzed on one side of the body.

MEDICAL CONDITIONS: Diseases of the nervous system, cardiovascular system, respiratory system, gastrointestinal system, locomotor system, or persons with dermatological problems, hematological problems, metabolic and hormonal disorders, or with a combination of the aforementioned conditions or other medical diagnoses.

Alcohol and Other Drug Abuse (ICD-9 303-305): A person who uses alcohol and/or other drugs to the extent that it Interferes with or impairs physical health, psychological functioning, or social or economic adaptation; including, but not limited to, occupational or educational performance, and personal or family relations. Includes persons defined as "alcoholics," persons who need ever-larger amounts of alcohol to achieve a desired effect; persons lacking self-control in alcohol use; or persons who exhibit withdrawal symptoms when they cease alcohol consumption.

- O. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS: Report the number of residents on December 31, 2001, who have these conditions. Residents **MUST** be counted in each category that applies.

Q. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2001

1. Chapter 51: Mental Health Act. To provide treatment and rehabilitative services for all mental disorders and developmental disabilities and for mental illness, alcoholism and other drug abuse. 51.42 Board established under this chapter, at the county level, to provide integrated services to DD, MI and AODA. 51.437 Board established under this chapter, at the county level, to provide services to developmentally disabled.
2. Guardians: An adult for whom a guardian of the person has been appointed by a circuit court under Chapter 880 because of the subject's incompetency.
3. Chapter 55: Protective Services Act. Court. (i.e., judge) formally ordered protective placement for institutional care of those who are unable to adequately care for themselves due to infirmities of aging.
4. Activated Power of Attorney: An individual's power of attorney for health care takes effect ("activated") "upon a finding of incapacity by 2 physicians, or one physician and one licensed psychologist, who personally examine the principal and sign a statement specifying that the principal has incapacity." (s. 155.02 (2), Wis. Stats.)

***If you have any questions, call Kitty Klement (608-267-9490), Jane Conner (608-267-9055),
Lu Ann Hahn (608-266-2431) or Kim Voss (608-267-1420).***

Thank you for your cooperation.

